

BJO at a glance

Creig Hoyt, Editor

EFFECTS ON OPEN ANGLE GLAUCOMA

A male bias has been documented in many glaucoma prevalence reports. A recent report suggested a significant reduced risk of open angle glaucoma in women, associated with longer duration of endogenous oestrogen exposure. Lee and coworkers report the results of the Blue Mountains Eye Study relating to female reproductive factors and open angle glaucoma. A significant risk of open angle glaucoma was documented with earlier age of menarche. But this study was unable to confirm the association between open angle glaucoma and earlier age at natural menopause. The positive finding in relation to later menarche does not exclude a possible role for endogenous female sex hormones in glaucoma.

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ARTERIOVENOUS SHEATHOTOMY IN BRANCH RETINAL VEIN OCCLUSION

Branch retinal vein occlusion nearly always occurs at arteriovenous crossing sites. Reduced visual acuity associated with branch retinal vein occlusion may be due to cystoid macular oedema,



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macular non-perfusion, vitreous haemorrhage, and traction retinal detachment. A surgical technique to separate the closely associated vessels at the AV crossing has been developed to treat cystoid macular oedema in patients with branch retinal vein occlusion. Cahill and coworkers report the resolution of cystoid macular oedema in one third of patients treated with AV sheathotomy. However, in the majority of cases, despite the improvement in CMO there was no improvement in vision with AV sheathotomy. The authors caution that further studies are necessary before widespread acceptance of this surgical technique.

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WHEN TO EXAMINE THE CATARACT PATIENT POSTOPERATIVELY?

Now that most cataract surgery is done on an outpatient basis the question of appropriate postoperative follow up has become more important. Tinley and coworkers studied 360 new patients who were randomly assigned to same day discharge for next day review and same day discharge with 2 week review following phacoemulsification surgery. All patients underwent postoperative review at approximately 2 weeks following surgery. Differences in the proportions achieving a good visual outcome between the two groups based on 2 week visual acuity and 4 months quality of life evaluation were not significant. It is noteworthy that no reported cases of endophthalmitis were seen in either group. One wonders what the outcome might be in a patient with endophthalmitis who did not undergo next day review. A larger study is required before routine endorsement of this delayed postoperative examination schedule can be approved.

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PRION TRANSMISSION IN THE EYE CLINIC

Abnormal conformers of a normal glycoprotein known as prions account for transmission of spongiform encephalopathies. In Great Britain where the population has been exposed to the transmissible agent responsible for bovine spongiform encephalopathy the possibility of human transmission of this disorder must be considered. Amin and coworkers demonstrate that tonometry tips are capable of accumulating proteinaceous material which could potentially transfer from one eye to the other. The amount of protein contaminating a second eye could conceivably be in the tenths of micrograms in an inflamed eye that tolerates applanation poorly. This would suggest that routine applanation tonometry in the eye clinic is, at least theoretically, a potential source for human to human transfer of prion mediated diseases. The authors suggest therefore that the tonometry prisms be washed and disinfected routinely.

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OBSTRUCTIVE APNOEA AND OCULAR BLOOD FLOW

Recent research indicates that obstructive apnoea may have serious neuro-ophthalmological consequences including an increased risk of glaucoma and ischaemic neuropathy. Lundmark reports the effect of negative inspiratory effort as generated by the Muller manoeuvre on intraocular pressure and pulsatile blood flow in healthy young adult volunteers. In this study the forced inspiratory effort generated by the Muller manoeuvre was associated with a dose dependent decrease in intraocular pressure and concomitant increase in pulsatile ocular blood flow. The reduced intraocular pressure seen in this study persisted into the recovery period following the Muller manoeuvre. This somewhat paradoxical report would seem to indicate that neither changes in intraocular blood flow nor intraocular pressure alone can account for the adverse neuro-ophthalmic outcomes recently associated with obstructive apnoea.

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