

# BJO at a glance

Creig Hoyt, Editor

## CATARACT PROBLEMS IN BANGLADESH

In many countries in the developing world cataract remains the leading cause of blindness. In a study by Dineen and coworkers an astonishing 79% of cases of blindness in Bangladesh were attributed to cataract. The same group of coworkers analysed the outcomes of cataract surgery in Bangladesh and found that there needs to be improvement in quality and increased quantity of surgery with a more balanced distribution of services. One of the most striking findings of their work is the number of cases of uncorrected aphakia, a full quarter of ICCE eyes were not corrected with a spectacle lens. Clearly, the goal of providing ECCE with an intraocular lens implant for all cataract patients in Bangladesh has not yet been fulfilled.

See pp 813 and 820



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## PREDISPOSING FACTORS FOR BACTERIAL KERATITIS

Bacterial keratitis is a serious ocular infectious disease that may lead to severe visual disability. Bourcier and coworkers from Paris emphasise in their patient population that contact lens wear remains the major risk factor (50.3% of cases). Trauma and a history of keratopathy are the next two leading risk factors. This study also documents that Gram positive bacteria remained the primary infectious organisms in these cases (83%) with 17% involving Gram negative bacteria and 2% polymicrobial. Because of the emerging resistance of the Gram positive organisms to second generation fluoroquinolones the authors suggest there is a need to perform pretreatment cultures on these corneal ulcers or to use third or fourth generation quinolones as the primary antibiotics of choice.

See p 834

## INJECTABLE LENSES: DO THEY LOWER THE ENDOPTHALMITIS RATE?

Recently concern has been expressed that changes in cataract technique have increased the endophthalmitis rate. This is particularly with regard to no-stitch corneal incisions. In contrast, Mayer and colleagues studied the incidence of endophthalmitis following cataract surgery over a 10 year period in a single UK eye department. In this study the technique of extracapsular cataract surgery was replaced by phacoemulsification and a concomitant decrease in endophthalmitis rate. The authors attribute this to the use of injectable intraocular lenses and suggest that since they do not make contact with the ocular surface this may be the reason for lower rates of endophthalmitis.

See p 867

## HOW TO DETECT CHLOROQUINE RETINOPATHY

Ocular toxicity caused by antimalarials was described nearly 50 years ago. Because of an increased use of these drugs not only in the prophylaxis of malaria but also for many rheumatoid diseases the risk of ocular toxicity from these drugs is increasing. Screening strategies for detecting chloroquine and hydroxychloroquine retinopathy remain controversial. Neubauer and coworkers investigated the sensitivity and specificity of two tests of retinal function (the EOG and ERG) and a computerised colour vision test. They concluded that screening for retinopathy induced by these drugs can be improved by using a sensitive colour test since a normal test on computerised colour evaluation virtually excluded retinopathy. In contrast, EOG was of little diagnostic value.

See p 902

## PRESCHOOL VISION SCREENING

Controversy still surrounds the question of whether routine preschool vision screening can effectively be undertaken and whether it is cost effective. Barry and König describe the findings of a screening programme of 3 year old children. They found that orthoptic vision screening of these children in kindergarten was sensitive and specific. However, the initial screening was inconclusive in 10.8% of children because of a lack of cooperation. Rescreening of non-cooperative 3 year olds was therefore recommended. This study documented that screening at this age is unlikely to uncover previously undiagnosed strabismus and strabismic amblyopia and that the primary amblyogenic factors detected were refractive.

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*Br J Ophthalmol* 2003 87: 805  
doi: 10.1136/bjo.87.7.805-a

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