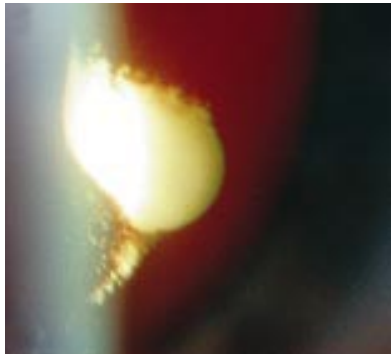


BJO at a glance

Creig Hoyt, Editor

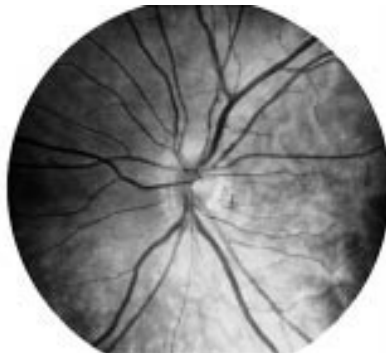


See p 972

LOOSEN THAT TIE, SIR, SO I CAN MEASURE YOUR PRESSURE

Elevated intraocular pressure remains the most important but not the only risk factor for the development and progression of glaucomatous optic nerve damage. Accurate measurement of intraocular nerve pressure, therefore, remains essential regarding the management of patients with suspected glaucoma. In a study of 40 eyes of 20 normal subjects and 20 open angle glaucoma patients Tseng and co-workers demonstrate that a tight necktie increased the intraocular pressure, on average, by 2.6 mm Hg in healthy volunteers and in glaucoma patients by 1.0 mm Hg. Not all subjects experienced an increase in pressure after tightening and some even had a decrease. A tight necktie may cause an increase in intraocular pressure in susceptible individuals.

See p 946



See p 1025

PREDICTING RETINAL VEIN OCCLUSIONS IN PATIENTS WITH CHRONIC OPEN ANGLE GLAUCOMA

Patients with chronic open angle glaucoma are at increased risk of retinal vein occlusion. Patients with central retinal vein occlusions and chronic open angle glaucoma have been shown to have a higher ratio of central retinal vein to artery diameter than is normal. Moreover, intraretinal transient time is prolonged in patients with glaucoma as evidenced by angiographic studies. Jonas, using a new ophthalmodynamometer, measured central retinal vein collapse in 19 eyes with chronic open angle glaucoma and 27 eyes of a control group. Central retinal vein collapse pressure measurements were abnormally high in eyes with chronic open angle glaucoma. Future studies may show whether determination of central retinal vein collapse pressure in eyes with chronic open angle glaucoma is suitable for predicting which eyes have a higher risk for eventual retinal vein occlusion and the need therefore for more intensive intraocular pressure lowering therapy.

See p 949

PSEUDO-ENDOPHTHALMITIS FOLLOWING INTRAVITREAL INJECTION OF TRIAMCINOLONE

Intravitreal triamcinolone acetonide is used increasingly for the treatment of inflammatory eye disease, neovascular age related degeneration, and macular oedema. Most of the studies thus far have been uncontrolled and small case series. None the less, the use of intravitreal triamcinolone is increasing. Sutter and coworkers report four patients who developed an endophthalmitis-like reaction following intravitreal injection of triamcinolone. A dense vitreous haze with severe reduction of the details of the fundus was reported in all cases. There was no periorbital inflammation or pain and no infectious agents were detected to account for the vitreous changes. It appears that acute vitreous haze is an uncommon event after intravitreal injection of triamcinolone and it does not appear to be associated with other serious adverse events and may resolve spontaneously without treatment.

See p 972

ASSOCIATED PATHOLOGIES AND UNILATERAL HIGH MYOPIA

Unilateral high myopia is an uncommon condition. It is however often associated with poor visual acuity even when appropriate anisometric amblyopic therapy has been undertaken. Weiss reports 48 children with unilateral high myopia (5 dioptres or more). In this group, 94% of the children had axial elongation of the more myopic eye. Nearly 90% of patients with axial myopia had an associated abnormality of the eye (especially optic nerve anomalies), central nervous system, or family history of high myopia. Such high prevalence associated pathology in this series suggests that axial myopia is usually a consequence of a pre-existing abnormality.

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