

# BJO at a glance

Creig Hoyt, *Editor*

## THE VALUE OF PHOTODYNAMIC THERAPY

Choroidal neovascularisation associated with age related macular degeneration has been treated with photodynamic therapy (PDT) over the past few years. In many ways its efficacy has been disappointing. Moreover, it is expensive. Hopley and coworkers performed a cost utility analysis to estimate the cost effectiveness of PDT therapy involving different scenarios. This study concludes that PDT treatment is the only available treatment in some forms of neovascular age related macular degeneration. Therefore, PDT can be considered moderately cost effective for patients with reasonable visual acuity but considerably less cost effective for those with initial poor visual acuity. For an analysis of this study see the editorial by Brown and Brown.  
**See pp 980 and 979**

## TREATMENT OF PTERYGIUM

Pterygium is a worldwide condition but with a well defined pterygium belt between latitudes 30° north and south. Simple excision carries a high recurrence rate. The use of mitomycin C has been reported to be effective in preventing recurrence. Another alternative is conjunctival graft. Young and coworkers describe a prospective study comparing mitomycin C (0.02%) with limbal conjunctival autograft. They found that limbal conjunctival autografts resulted in a better 1 year success rate, but the procedure is more technically difficult and is not applicable in cases with previous limbal disturbance. Simple excision followed by mitomycin C is safe and a reasonable alternative.  
**See p 995**

## LIDOCAINE 2% JELLY FOR TOPICAL ANAESTHESIA

Topical anaesthesia has been successfully used for cataract surgery, trabeculectomy, vitrectomy, and phacotrabeculectomy surgery. Recent studies suggest that topical anaesthesia with lidocaine 2% jelly is safe and effective. In a prospective randomised study, by Carillo and co-workers, of patients undergoing trabeculectomy topical lidocaine 2% jelly was found to be as effective as sub-Tenon's anaesthesia for pain control in patients. They conclude that lidocaine 2% jelly is similar to sub-Tenon's anaesthesia in terms of patient comfort and surgeon satisfaction.  
**See p 1004**

## TRABECULECTOMY V VISCOCANALOSTOMY

Trabeculectomy has been the filtration procedure of choice for the past 30 years. However, early and late filtration failures are not infrequent. To optimise results frequent and careful outpatient monitoring is required. These limitations have led to alternative drainage techniques including non-penetrating procedures. O'Brart and coworkers report the findings of a randomised prospective study comparing trabeculectomy with viscocanalostomy and antimetabolite use. In this study intraocular pressure control appeared to be more effective following trabeculectomy. On the other hand, viscocanalostomy is associated with fewer earlier transient postoperative complications.  
**See p 1012**

## IS CORE VITRECTOMY NECESSARY WITH A TRIPLE CORNEAL PROCEDURE?

Triple corneal procedure is the standard treatment for patients with corneal opacity and cataracts. Core vitrectomy preceding the triple corneal procedure is sometimes performed to reduce vitreous volume and prevent vitreous pressure from increasing during surgery. Konomi and co-workers report the findings of a consecutive study of patients undergoing triple corneal procedure who were randomly assigned to either core vitrectomy or without vitrectomy. In this study there was no significant difference in the clinical parameters examined except a tendency for facilitating intraocular lens implantation following core vitrectomy. There were two cases of vitreous loss in the control group.  
**See p 1023**

## SATISFACTION OUTCOMES FOLLOWING CATARACT SURGERY

Cataract surgery is a successful and frequently performed ophthalmic procedure to reverse the visual and functional disability caused by cataract. Thompson and coworkers report the findings of a prospective study of a representative sample of 97 subjects randomly selected from 480 in the original Auckland Cataract Study. This group was assessed with an extensive questionnaire in terms of outcome. The study reports that 2 years after cataract surgery subjects are generally satisfied with their current level of vision. Visual acuity of 6/12 or better is seen in the majority of eyes. Although a minority of eyes developed sufficient posterior capsular opacification to require capsulotomy, 10.3% of eyes developed a new vision threatening ophthalmic pathology following cataract surgery.  
**See p 1042**



## BJO at a glance

Creig Hoyt

*Br J Ophthalmol* 2004 88: 979

doi: 10.1136/bjo.2004.aug04atag

---

Updated information and services can be found at:

<http://bjo.bmj.com/content/88/8/979.2.full.html>

---

### References

*These include:*

Article cited in:

<http://bjo.bmj.com/content/88/8/979.2.full.html#related-urls>

### Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

---

### Notes

---

To request permissions go to:

<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:

<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:

<http://group.bmj.com/subscribe/>