

# BJO at a glance

Creig Hoyt, Editor

## SELECTIVE LASER TRABECULOPLASTY V LATANOPROST IN OPEN ANGLE GLAUCOMA

Argon laser trabeculoplasty is an established form of therapy for open angle glaucoma. Some studies have indicated that it is preferable to medical treatment. Nagar and co-workers performed a prospective randomised clinical trial comparing 90°, 180°, and 360° selective laser trabeculoplasty v latanoprost 0.005% for the control of intraocular pressure in open angle glaucoma. Success rates were higher with latanoprost at night than with 90° or 180° selective laser trabeculoplasty treatments. In general, 90° treatment was ineffective; 360° selective laser trabeculoplasty appears to be an effective treatment although transient anterior uveitis with ocular discomfort may be associated with it.

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## NON-STEROIDAL ANTI-INFLAMMATORY AGENTS AND CYSTOID MACULAR OEDEMA

Sivaprasad and co-workers performed a systematic literature review on the topic of randomised control trials that evaluated the effects of non-steroidal anti-inflammatories in the treatment of cystoid macular oedema. In their review a positive effect on the treatment of chronic cystoid macular oedema was noted. However, they concluded there is not enough evidence to show the effectiveness of non-steroidal anti-inflammatories in acute cystoid macular oedema following cataract surgery.

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## APRACLONIDINE IN HORNER SYNDROME

The pharmacological diagnosis of Horner syndrome usually involves the topical use of cocaine and/or hydroxyamphetamine. However, neither of these drugs is readily available in many circumstances. Recently, apraclonidine has been found to dilate pupils in Horner syndrome. Koc and co-workers examined 31 eyes, nine of which had a diagnosis of Horner syndrome. In this study apraclonidine was as effective as cocaine in establishing the diagnosis of Horner syndrome.

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## TOPICAL ANAESTHESIA IN PUNCTAL OCCLUSION THERAPY

The use of punctal occlusion in the treatment of dry eyes is a well established therapy. Although a relatively simple procedure the injection of anaesthetic in and around the punctum can be painful. Law and co-workers conducted a randomised controlled trial of 18 consecutive adult patients with dry eye syndrome who were to undergo punctal occlusion by diathermy. They compared topical anaesthesia with injected anaesthesia and found them equally effective in blocking the pain associated with the diathermy.

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## TEA TREE OIL FOR THE TREATMENT OF OCULAR DEMODEX

*Demodex folliculorum* is found in the eyelash follicle. *Demodex brevis* can burrow deep into sebaceous and meibomian glands. Eradicating *Demodex* in patients with blepharitis is advocated by some authorities. Standard treatments involve lid scrubs with baby shampoo, 75% alcohol, 10% povidone-iodine, and 4% pilocarpine. Gao and co-workers compared the survival time of *Demodex* under the microscope. They found that *Demodex* is resistant to a wide range of antiseptic solutions currently in use. However, weekly lid scrubs with tea tree oil and daily lid scrubs with tea tree shampoo were effective in eradicating ocular *Demodex*.

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## CELLULAR MECHANISMS IN AQUEOUS OUTFLOW: IMPLICATIONS FOR GLAUCOMA THERAPY

Alvarado and co-workers investigated the hypothesis that trabecular meshwork endothelial cells actively release ligands that, upon binding to Schlemm's canal endothelial cells, increase Schlemm's canal endothelial permeability. Their studies show that trabecular meshwork endothelial cells can regulate Schlemm's canal endothelial permeability and it is likely that trabecular meshwork endothelial cells have a major role in the regulation of aqueous outflow. The authors suggest that this mechanism may lead to novel treatments for open angle glaucoma.

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