

BJO at a glance

Creig Hoyt, *Editor*

SIROLIMUS TREATMENT FOR UVEITIS

Sirolimus was originally developed as an antibiotic. Its potential as an immunomodulatory agent has been established for the prevention of allograft rejection following solid organ transplantation. Shanmuganathan and co-workers report the use of sirolimus in eight patients with severe non-infectious uveitis. It appeared to be an effective and potent immunosuppressant treatment in these patients.
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DECREASED ANTIOXIDANT STATUS IN DIABETIC RETINOPATHY

The formation and accumulation of advanced glycation end products (AGE) is known to progress during normal aging and is extremely accelerated in diabetes mellitus. Yokoi and co-workers report that in the vitreous of patients with diabetic retinopathy there are increased levels of advanced glycation end products. The vitreous levels of AGE and VEGF (vascular growth factor) were significantly higher in diabetic patients than in controls and there was a significant correlation between the vitreous AGE and VEGF. The authors suggest that AGE and decreased total antioxidant status may contribute to the pathogenesis of diabetic retinopathy via induction of VEGF.

See p 673

LAGOPHTHALMOS IN ENOPHTHALMIC EYES

Lagophthalmos may occur in association with proptosis because of the relative shortness of the eyelids covering the protruding globe. Lagophthalmos has not, however, been associated with exophthalmos. Yip and co-workers report seven patients with bilateral exophthalmos and

lagophthalmos. They suggest that the loss of orbital fat causes a portion of the upper eyelid skin to retract into the deep superior sulci, decreasing the eyelid chord length and thus functionally diminishing the anterior lamella.

See p 676

COMBINED CATARACT AND GLAUCOMA SURGERY

The decision to do sequential or combined cataract and glaucoma surgery depends on several independent patient factors. These include the degree of visual impairment, target intraocular pressure, stage of glaucoma, compliance age, and life expectancy. Funnell and co-workers report the results of a study of combined cataract and glaucoma surgery with mitomycin C. They compared phacoemulsification-trabeculectomy compared to phacoemulsification-deep sclerectomy. In this study no statistical difference was found in the intraocular pressure and visual outcomes between the two procedures; however, a significantly higher frequency of late blood leaks occurred with phacoemulsification combined with trabeculectomy.

See p 694

ELECTROPHYSIOLOGY IN BIRDSHOT CHORIORETINOPATHY

Birdshot chorioretinopathy is a chronic inflammatory disorder. It is characterised by multiple discrete cream coloured areas of subretinal hypopigmentation, vitritis, cystoid macular oedema, and retinal vasculitis. Disc oedema may be present and in the end stage disease vascular attenuation may occur. Holder and co-workers report the ERG data in patients with birdshot chorioretinopathy. They confirm that the inner retinal function of cone and rod systems is frequently affected in this disorder. They suggest that objective electrophysiological assessment offers a reliable monitoring of treatment efficacy.

See p 709

RETROBULBAR HAEMODYNAMICS WITH REGIONAL ANAESTHESIA

Different types of techniques of anaesthesia for cataract surgery are now common. Huber and Remky report the effect of retrobulbar and subconjunctival anaesthesia on retrobulbar haemodynamics in 39 patients. In this study retrobulbar anaesthesia induced a high reduction of velocity in the retrobulbar vessels compared to subconjunctival anaesthesia. The authors suggest that subconjunctival anaesthesia should be preferred in patients with problems of ocular perfusion, especially glaucoma.

See p 719

TREATMENT FOR RADIATION RETINOPATHY

Radiation retinopathy continues to be a problem in patients who have received therapeutic radiation to the eye and or orbit. Finger and Kurli report the results of scatter laser photocoagulation to prevent radiation related retinopathy maculopathy and loss of vision. In a study of 66 eyes, they report that scatter argon laser photocoagulation induced regression of radiation retinopathy. This was true, however, only when patients received laser treatment before clinical evidence of retinopathy had developed.

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