

At a glance

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IOP lowering effect of travoprost in normal-tension glaucoma

Newly diagnosed NTG patients were randomised to either once daily topical travoprost 0.004% (54, treatment group) or no treatment (34, control group). The average, maximum, and minimum diurnal IOPs for treated patients were statistically significantly lower than for controls. When compared with baseline IOP, the treatment group demonstrated a decrease of 16.1%, 13.5% and 16.7% in the average IOP, maximum IOP, and minimum IOP, respectively. Of those treated, about one third achieved decrease in average IOP of at least 20%; only about one tenth achieved a reduction of at least 30%. Ang *et al* conclude that travoprost monotherapy is unable to produce the desirable 30% reduction in average IOP. **See page 1129**

British Oculoplastic Surgery Society: national ptosis survey

In an effort to assess the results of primary aponeurotic ptosis surgery among UK ophthalmic oculoplastic surgeons, Scoppettuolo *et al* conducted a prospective, web-based, non-comparative, interventional study. 40 consultant-led teams from 27 units across the UK participated in the study. Surgical results were assessed both objectively (by the surgeon) and subjectively (by the patient). Using objective criteria, success was achieved in 128/223 (57%) cases. Whereas by subjective criteria, 184/282 (65%) of patients were completely satisfied. Overall, the patients' assessment of the surgery was less critical than that of the surgeons. **See page 1134**

Sterile endophthalmitis following intravitreal triamcinolone acetate

Jonisch *et al* report a statistically significant clustering of cases of sterile endophthalmitis following intravitreal injection of preserved triamcinolone acetate (TA). All affected eyes underwent vitreous tap and intravitreal injection of antibiotics. All cultures and gram stains were negative for bacterial or fungal

organisms. Triamcinolone acetate phials from affected lot numbers were also negative for bacterial endotoxin. Although FDA has approved a preservative-free formulation of TA for intraocular use (Triesence; Alcon Laboratory, Fort Worth, TX), the side-effect profile of TA with and without preservatives needs further study as the aetiology of sterile endophthalmitis is still unclear. **See page 1051**

Disease severity and family history in keratoconus

In a cohort of 1143 patients of the Collaborative Longitudinal Evaluation of Keratoconus (CLEK) Study, Szczotka-Flynn *et al* determined whether markers of disease severity could discriminate individuals with and without family history. After controlling for various confounders, there were no significant associations between any severity indices and family history of keratoconus. **See page 1108**

Heritability of intraocular pressure

Carbonaro *et al* compared the covariance of IOP within monozygotic (MZ) and dizygotic (DZ) pairs using genetic modelling techniques to determine the relative contribution of genes and environment to the variation in IOP. Data for 422 twin pairs (211 MZ; 211 DZ) recruited from the TwinsUK Adult Twin Registry were analysed. The MZ correlations were significantly higher than DZ. Modelling suggested heritability for IOP of 0.62, with individual environmental factors accounting for 0.38 of the variation in this twin population. **See page 1125**

OCT features of CNV in pathological myopia versus AMD

Keane *et al* compared the morphological characteristics of choroidal neovascularisation (CNV) secondary to pathological myopia (21 patients) versus AMD (43 patients). StratusOCT images were analysed using custom software and FA images. The CNV lesions in pathological myopia were associated with considerably less retinal oedema, subretinal fluid, and subretinal tissue compared with AMD.

Pigment epithelial detachments were almost negligible in pathological myopia. **See page 1081**

Torsional ultrasound phacoemulsification

Comparing with the jackhammer motion in conventional phaco, the OZil torsional system (Alcon) produces side-to-side rotary oscillations of the phaco tip reducing energy required for lens removal. Zeng *et al* evaluated efficacy and safety of torsional phacoemulsification with different parameter settings for hard nucleus cataract extraction in a prospective, randomised clinical study of one eye each of 198 consecutive patients. Eyes were randomly assigned to the Linear Torsional combined with Ultrasound power group (Linear Tor+US group, n = 66), 100% Fixed Torsional group (Fixed Tor group, n = 65) and conventional Ultrasound burst group (US group, n = 67). The mean Ultrasound Time was lowest in the Fixed Tor group. The mean Cumulative Dissipated Energy was lower in the Lin Tor+US group and in the Fixed Tor group than in the US group. The US group had a lowest average BCVA, greatest average central corneal, and the highest average corneal endothelial cell losses. The authors conclude that Torsional amplitude combined with ultrasound power or high fixed torsional amplitude can yield more effective hard nucleus phacoemulsification than conventional ultrasound modality. **See page 1092**

Pascal photocoagulator

The Pascal is a semiautomated photocoagulator that delivers a pattern array of multiple burns of short duration (10 or 20 ms) in a rapid predetermined sequence with a single application. The authors reported their results on 60 patients that underwent panretinal, focal, and macular grid laser photocoagulation including 8 eyes with retinopathy. No adverse events were noted. Although the shorter pulse duration of the Pascal necessitates the use of a higher power, Sanghvi *et al* conclude that the Pascal photocoagulator is safe and effective, and offers several potential advantages related to the brief exposure time. **See page 1061**



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