Cryotherapy for periocular basal cell carcinoma

Moesen et al report the 5-year outcome of 100 patients with primary periocular basal cell carcinoma treated by cryotherapy (double freeze-thaw cycle). In this prospective, non-comparative, interventional case series, only circumscribed tumours with maximum diameter of 8 mm were included. Histologically proven recurrence rate was 8%. There was no correlation between tumour site, tumour size, cryotherapy freeze time and recurrence. (see page 1679)

RNFL and macular thickness in amblyopia

Al-Haddad et al studied peripapillary retinal nerve fibre layer (RNFL) and macular thickness in unilateral amblyopia (strabismic or anisometropic) and non-amblyopic anisometropia. SD-OCT measurements were compared with fellow eyes.

The mean age was 20 years; 45 patients had amblyopia: 14 strabismic and 31 anisometropic. 20 patients had non-amblyopic anisometropia. The mean macular thickness was significantly increased in the amblyopic (273.8 m) vs fellow eyes (257.9 m). The mean RNFL thickness was similar in amblyopic and fellow eyes. Their observations suggest a possible correlation between amblyopia and the development of the retinal layers. (see page 1696)

Minor salivary gland biopsy in ocular sarcoidosis

Blaise et al ascertained the sensitivity, specificity, and positive and negative predictive value of minor salivary gland biopsy in 250 patients with uveitis of indeterminate origin but clinically compatible with ocular sarcoidosis. Only seven of the 230 patients had sarcoid granuloma on the minor salivary gland biopsy.

All seven of these patients had a granulomatous uveitis and a compatible chest x-ray with sarcoidosis. The authors conclude that minor salivary gland biopsy is most useful in patients with granulomatous uveitis and a radiologic pattern compatible with sarcoidosis. (see page 1731)

DNA mismatch repair genes in the periocular sebaceous cell carcinoma

Gaskin et al studied significance of expression of DNA mismatch repair proteins (immunohistochemistry) in detecting systemic malignancies (Muire–Torre syndrome) in a series of 31 patients with periocular sebaceous cell carcinoma. Nine patients had clinical features of Muire–Torre syndrome. Four patients were positive for microsatellite instability complexes. The authors conclude that diagnosis of periocular sebaceous cell carcinoma should prompt physicians to search for associated visceral malignancies. Immunohistochemical characterisation of the sebaceous lesions is useful in identifying at risk individuals. (see page 1686)

Retinal haemorrhage description tool

Tandon et al conducted a web-based study to establish the reliability and validity of a new retinal haemorrhage description tool. Four independent observers scored retinal haemorrhages from 80 retinal photographs. Inter- and intra-rater agreement were calculated. A high inter-rater agreement was noted for haemorrhages in the peripapillary zones, whereas agreement was only fair for all other zones. Intra-rater agreement was high only for the posterior pole. Photographs are an unreliable way of documenting retinal haemorrhages particularly from the peripheral retina, thus underscoring the importance of a thorough clinical examination. (see page 1749)

Outcomes following three-line vision loss: subgroup analyses from MARINA and ANCHOR trials

In the MARINA and ANCHOR trials, a small proportion of patients in these experienced loss of ≥15 letters (5 logMAR lines), either progressively (16% and 11% respectively over 2 years) or acutely (14% in both trials over 1 year). Wolf et al assessed the impact of continued ranibizumab treatment in such patients. The visit when the ≥3 line BCVA loss was detected was defined as the new baseline. On average, patients with acute BCVA loss gained 11.9 letters at 3 months after the new baseline, compared with 0.5 letters gained with sham. The authors conclude that continued ranibizumab treatment appears to be beneficial even for those experiencing a ≥3-line BCVA loss during the first year of treatment with ranibizumab. (see page 1713)

Office-based pneumatic retinopexy using pure air

Yee and Sebag report on the long-term results (more than 3 year follow-up) of office-based pneumaticretinopexy (PR) using filtered air in 77 cases of rhegmatogenous retinal detachment arising from superior tears treated with cryopexy (61) or laser (next day, 16) and intravitreal injection of pure air in an office setting. The macula was detached preoperatively in 48% eyes. Single-operation success was achieved in 81% eyes. Repeat PR was successful in four cases. Scleral buckle was performed on the remaining 11 eyes (1 with vitrectomy). The final reattachment rate was 100%. The authors conclude that eliminating the need for expansile gases makes this approach more widely available, decreases recovery time and lowers healthcare costs. (see page 1728)
Highlights from this issue

Harminder S Dua and Arun D Singh

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