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Arun Singh, Harminder Singh Dua, *Editors-in-Chief***IMMUNOSUPPRESSION FOR MOOREN'S ULCER**

Ashar, Mathur and Sangwan evaluated step ladder approach for immunosuppressive treatment of Mooren's ulcer. Topical steroids used as a single therapy had a disease resolution rate of 76%. Cases that required oral steroids, oral methotrexate, intravenous pulsed methyl prednisolone and combination of pulsed methyl prednisolone and cyclophosphamide had a resolution rate of 86%, 79%, 71% and 73%, respectively. An aggressive immunosuppressive regimen based on disease severity as a first line of therapy improves the chances of disease control even in cases of aggressive Mooren's ulcer.

**CONTRAST-ENHANCED INTRAOPERATIVE OCT**

Ehlers *et al* describe the novel application of triamcinolone as an OCT contrast agent for intraoperative OCT to improve visibility of tissue interfaces and planes (eg, posterior hyaloid insertion points). The application of this technology may have wide-ranging implications for enhanced image-guided surgery, intraoperative OCT and dynamic or functional applications of OCT technology.

**STROMAL BED QUALITY AND ENDOTHELIAL DAMAGE AFTER FEMTOSECOND LASER CUTS**

Kimakura *et al* evaluated the stromal bed quality and endothelial damage after femtosecond laser (FSL) cuts at a depth of 100, 300, or 500  $\mu\text{m}$  in porcine corneas. Stromal bed smoothness was graded from light microscopy and scanning electron microscopy images. The ratio of damaged cells in the group with a remaining depth of 70  $\mu\text{m}$  was significantly larger than that in the groups with a remaining depth of 150  $\mu\text{m}$ .

**ANTI VEGF NON-RESPONDERS IN AMD**

Krebs *et al* determined the frequency of non-responders among 334 eyes of 283 patients with AMD treated with anti-

vascular endothelial growth factors. Overall 15% of the eyes were identified as non-responders (14% in the bevacizumab group and 15% in the ranibizumab group). Vitreo-retinal adhesions were the only ophthalmologic factor to be significantly correlated with insufficient response. Age, gender, lesion type, other morphologic features, and the kind of anti-VEGF agent failed to be significant.

**TOPICAL TACROLIMUS IN HIGH-RISK CORNEAL TRANSPLANTATION**

Magalhaes, Marinho and Kwitko identified the rate of rejection and safety of 0.03% tacrolimus eye drops combined with 1% prednisolone in a topical formulation, compared with 1% prednisolone eye drops alone in patients with high-risk corneal transplantation in a retrospective cohort study of 72 patients (72 eyes) with more than one penetrating keratoplasty (PK) in the same eye. Records of 36 patients that received only 1% prednisolone eye drops were compared with 36 patients that received 0.03% tacrolimus eye drops in addition to 1% prednisolone. Baseline characteristics of the two groups were similar. Topical tacrolimus showed greater protection from irreversible rejection: only seven grafts (19%) lost transparency against 16 (44%) in the 1% prednisolone alone group.

**FLOPPY EYELID SYNDROME AND OBSTRUCTIVE SLEEP APNOEA**

Muniesa *et al* determined the prevalence of eyelid hyperlaxity and floppy eyelid syndrome (FES) in obstructive sleep apnoea (OSA), and the presence of OSA in FES. Fourteen patients (out of 89) with OSA had FES (16%) and 54/89 (61%) had eyelid hyperlaxity. Two of the 25 non-OSA patients had FES (8%) and 8 of 25 (32%) had eyelid hyperlaxity. There was a significantly higher incidence of eyelid hyperlaxity in OSA than in non-OSA patients. Thirty-eight of the 45 patients with FES were diagnosed with OSA (85%). OSA might be an independent risk factor for eyelid hyperlaxity and OSA is common in patients with FES.

**NOVEL SCHEIMPFLUG-BASED NON-CONTACT TONOMETER**

Reznicek *et al* evaluated the agreement of intraocular pressure (IOP) and central corneal thickness (CCT) measurements obtained with the non-contact tonometer Corvis Scheimpflug Technology (Corvis ST, OCULUS, Wetzlar, Germany) versus Goldmann applanation tonometry (GAT) and ultrasound-based corneal pachymetry (US-CCT) in a consecutive series of 188 right eyes of 188 participants (142 eyes with glaucoma, 10 eyes with OHT and 36 control eyes). The mean GAT was  $14.5 \pm 4.8$  mm Hg compared with mean Corvis-IOP of  $15.4 \pm 5.6$  mm Hg. Mean US-CCT was  $544.56 \pm 40.0$   $\mu\text{m}$  compared with Corvis-CCT of  $545.2 \pm 46.5$   $\mu\text{m}$ . Analyses revealed good agreement of the IOP and CCT measurements with Corvis ST when compared with standardised US pachymetry or GAT.

**VISUAL OUTCOMES FOLLOWING INTRAOPHTHALMIC ARTERY MELPHALAN FOR RETINOBLASTOMA**

Tsimpida *et al* assessed eyes of patients with a healthy foveola that had undergone intra-arterial melphalan (IAM) for retinoblastoma. Five of twelve eyes (42%) demonstrated severe visual loss following IAM at last follow-up (median 21 months). This was due to either retinal detachment (1 eye, 20%) or choroidal ischaemia involving the foveola (4 eyes, 80%). All 3 eyes that had technical difficulties or vasospasm during catheterisation suffered visual loss. 8 out of 10 eyes that had a non-age adjusted dose of melphalan suffered visual loss. Electroretinogram deteriorated in 4 of 8 eyes (50%) and Pattern Visual Evoked Potentials deteriorated in 3 (37%) eyes. Complications associated with catheterisation and high doses of melphalan may be contributory factors to visual morbidity.

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