CORRESPONDENCE

Use of sulphur hexafluoride for anterior chamber reformation following trabeculectomy

EDITOR,—Flat anterior chamber (AC) is a significant complication following trabeculectomy, which can cause serious sequelae.1 Treatment of flat AC may include drugs, torpedo dressing, or megasoft contact lens and reformation using hyaluronic acid, BSS, or megarsoft contact lens.2 Recent reports have described the use of gases for AC reformation following trabeculectomy.3-6 However, these reports did not specify the types of gases used. We present our experience with the use of SF6 for AC reformation following trabeculectomy.

From January to July 1995, 15 patients were referred to the corneal department of our hospital for AC reformation. All patients had undergone a first standard Cairns trabeculectomy. Nine patients had open angle glaucoma, three closed angle, two pseudoexfoliation, and one juvenile glaucoma. All eyes were phakic. Following the trabeculectomy, all patients suffered from flat AC and hypotony, and six of them also had corneal decompensation. Reformation was performed by injecting 25–100% SF6, via a paracentesis, to fill two thirds of the AC. Three patients needed repeat reformation. All ACs eventually remained deep with normal intraocular pressure (IOP). The IOP values, with a gas bubble present in the AC, did not exceed 22 mm Hg, and are shown in Figure 1. None of the patients needed extraction of gas for any reason. The mean follow up period was 13 months. There were no corneal complications. In four patients, a cataract developed or progressed. At the end of follow up, 11 patients had normal IOP without antiglaucoma treatment.

Successful reformation of the AC following filtration surgery by perfluoropropane, air, sodium hyaluronate, or SF6, has been reported previously.1 7 8 9 We prefer SF6, since it lasts in the AC for an optimal period of time (up to 10 days, depending on the concentration); it remains as a single bubble, deepening the AC until aqueous gradually replaces it. Although corneal toxicity with SF6, has been previously reported,1 1 2 none of our patients developed corneal complications.

We find the use of SF6 to be simple, safe, and effective. We recommend it in patients after trabeculectomy with prolonged hypotony, overfiltration, and flat AC, with or without corneal decompensation, in whom conservative treatment has failed.

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Figure 1 Average intraocular pressure (IOP) among patients following reformation while gas present in the anterior chamber. Numbers within the columns represent number of patients. Numbers above the columns show range of IOP.

Myopia

EDITOR,—Flitcroft’s recent commentary1 asserts “myopia clearly represents the failure of the normal emmetropisation mechanisms” but that “myopia may represent a physiological adaptation to prolonged near work with the mechanisms of the emmetropisation regulating eye growth to a state that minimises retinal image blur for near”. These two apparently contradictory views beg the question as to what is normality in the context of refractive status.

Ophthalmology has embraced the current notion of refractive procedures as a natural development of microsurgical techniques and they are likely to gain a justified place in the treatment of high degrees of refractive error, we feel that there is need for more information about those myopes (about 20% of the population) who also are at not putting themselves forward for anything other than conventional optical management.

KAREN E ROSE
Contented moderate myope and nursing fellow (research)

ANDREW B TULLO
Incurably presbyopic emmetrope and consultant ophthalmic surgeon, Manchester Royal Eye Hospital, Oxford Road, Manchester M13 9WH

Reply

EDITOR,—Rose and Tullo suggest that we need more evidence that there is a real demand from myopes for methods of treatment before committing resources to research in this field. Certainly no ophthalmologist should be encouraging contented myopes to undergo any form of intervention be it surgical, pharmacological, or behavioural. Equally, the contentedly myopic should not assume that other myopes share their content- ment. The number of people who willingly undergo refractive procedures and express high levels of satisfaction afterwards is surely an indication of demand.

Rose and Tullo also raise the issue that with increased longevity treatment of myopia will merely compound the inconvenience of presbyopia. Although presbyopia may be inconvenient to the emmetrope, myopia is also linked with other degenerative conditions.

affecting the peripheral retina and macula that carry the risk of significant visual deficits. Understanding the physiological basis of the abnormal patterns of ocular growth that lead to myopia may allow us to prevent some of these associated conditions and the associated visual morbidity. Clearly such benefits will not arise from developments in refractive surgery but from a better understanding of the aetiology of myopia that will allow preventive strategies to be developed.

Management of the complications of myopia unquestionably falls within the current remit of ophthalmologists. The increased levels of myopia most notably seen in the Far East represent an increase in both the incidence and degree of myopia. While research on the demand among myopes for treatment strategies would be welcome, much more pressing are data relating to the implications of an increasingly long lived and myopic population for ocular morbidity. This will allow ophthalmologists to anticipate the increased demands on their services that will be the likely consequence of increased levels of myopia.

In the final analysis, arguing that myopia is an acceptable consequence of an increasingly literate urbanised population appears to me to be the equivalent of regarding a disabling condition of the legs as an acceptable consequence of an increasingly sedentary society.

D I FLITCROFT
Institute of Ophthalmology, University College Dublin, 60 Eccles Street, Dublin, Ireland

Automated perimetry by optometrists in patients at low risk of glaucoma

BOOK REVIEWS


This condensed American text succeeds in covering a very broad spectrum of contact lens care and related subjects. It ranges from the starting point for a novice to the most complex of lens types, fitting strategies, complications, and possible solutions. It contains such a wealth of information that it is difficult to justify naming part 1 “Basic concepts” where anterior segment disease, with respect to contact lenses, is covered so extensively.

The six chapters on rigid lenses and four on soft lenses traverse most aspects one would expect to encounter within routine practice. However, the contribution of gas permeable scleral lenses has not been acknowledged and no mention of this design appears. At times this text is almost too comprehensive although the “pearls” punctuating such passages lighten the weight of information.

Of the special topics covered, the chapter on dry eyes is particularly well written and the chapter covering fitting strategies for eyes following refractive surgery although brief is well welcomed.

This manual is designed principally for the clinician working extensively in routine contact lens practice. It is highly informative. It is presented in a logical layout and should provide the answer to most contact lens problems within the realms of general practice. For the more specialised areas this is a good starting point. It is not the one book nor is it so intended. The text is meant to be a chairside practical book and it achieves this aim. A welcome addition to the texts available in this field.

K A ROBINSON

Available from Allen Foster, International Centre for Eye Health, 11 Bath Street, London EC1V 9EL. Updated annually.

This is a list prepared by the task force of the Partnership Committee of Non Governmental Development Organisations involved in eye care and prevention of blindness. This 16 page booklet lists that essential equipment, instruments, and supplies which might be required for providing secondary level eye care, particularly in a developing country. Although the authors do not claim that the list is comprehensive it covers a very wide area, ranging from materials for the local production of eye drops to teaching materials in its 10 headings.

For each item a supplier is provided and an approximate price in US$ is given.

This list has been produced to assist project managers and medical personnel who are involved in providing eye care services and will be updated annually. In its present form it provides a lot of very useful information. With feedback over time from consumers in the field it should become an increasingly valuable resource.

F D GREEN


This is part of a series of guides aimed at students and healthcare specialists in many disciplines. It may be used as an aide-memoire before examinations, or a quick reference to be carried in the pocket. Each pair of facing pages of this pocket sized book contains a collection of six 2 x 2 photographs supported by brief notes indicating the pertinent features of the conditions illustrated. The photographs are of excellent quality and content (one or two are a little small to do them full justice) and some may be familiar to readers of the author’s other publications. The text notes offer the reader a concise and clear classification of the diverse groups of conditions featured without being able to provide the amount of information an ophthalmologist would probably be seeking. There is not, either, a corresponding illustration for each condition described in the text. There is an index to facilitate quick reference. Readers will not be disappointed at the quality of the photography, however, the undergraduate will find the text a good summary. The ophthalmologist would probably expect more to stretch him/her if using this as a revision aid.

A SCOTT


This pocket sized book is intended to be a preparation for postgraduate examinations by delivering a series of structured viva voce style questions with photographs. There is a diverse
collection of conditions featured. The questions provide a basis for practice for both shorter factual answers and the development of open ended longer essay-like answers. These questions are again supported by excellent clinical photographs, some of which would be, on their own, a little small to see all the detail required from the questions. The answers section expands on the conditions in a logical and concise manner, but does not substitute for reading longer textbooks in the first place. It would seem that the authors appreciate the somewhat false examination conditions created by providing short cases in two dimensional photographs, rather than three dimensional patients, and rightly support their photographs with well judged text questions. The postgraduate examination candidate will appreciate this book for the practice it gives; for allowing expansion on the subjects tested; and for not being another multiple choice examination.

A SCOTT

NOTICE

Avoidable blindness
The latest issue of the Community Eye Health (no 25) discusses the elimination of avoidable blindness. With an editorial by Bjorn Thylefors, the director of the WHO Program for the Prevention of Blindness and Deafness, the issue covers treatment of cataract in regions of India and the role of patient counsellors in increasing the uptake of cataract surgery and IOLs. For further information please contact Community Eye Health, International Centre for Eye Health, Institute of Ophthalmology, 11-43 Bath Street, London EC1V 9EL. Tel: (+44) 171 608 6910; fax: (+44) 171 250 3207; email: eyeresource@iocl.ac.uk Annual subscription £25. Free to workers in developing countries.

Residents' Foreign Exchange Programme
Any resident interested in spending a period of up to one month in departments of ophthalmology in the Netherlands, Finland, Iceland, Ireland, Germany, Denmark, France, Austria, or Portugal should apply to: Mr Robert Acheson, Secretary of the Foreign Exchange Committee, European Board of Ophthalmology, Institute of Ophthalmology, University College Dublin, 60 Eccles Street, Dublin 7, Ireland.

Ophtalmological Clinic, University of Creteil
An international symposium on the macula will be held on 2-3 October 1998 at the Ophthalmological Clinic, University of Creteil. Further details: Professor G Soubrane, Chef de Service, Clinique Ophtalmologique Universitaire de Creteil, Centre Hospitalier Intercommunal, 4 Avenue de Verdun, 94010 Creteil, France. Fax: 01 45 17 52 27.

IV meeting of the European Society for Out-Patient Eye Surgery (ESOPES)
The IV meeting of the European Society for Out-Patient Eye Surgery (ESOPES) will be held in Vittel, France on 9–11 October 1998. Further details: Mrs Nicole Charron, Director, Palais des Congrès, Av Bouloumie, BP 57, 8802 Vittel, France. (Tel: +33 329 08 18 30; fax: +33 329 08 6001.)

Ophthalmological Clinic, University of Creteil
The 3rd international symposium will be held on 21 November 1998 at the Ophthalmological Clinic, University of Creteil. Further details: Professor G Soubrane, Chef de Service, Clinique Ophtalmologique Universitaire de Creteil, Centre Hospitalier Intercommunal, 40 Avenue de Verdun, 94010 Creteil, France. Fax: 01 45 17 52 27.

7th Rotterdam International Skull Base Day/Esser course
The 7th Rotterdam International Skull Base Day/Esser one day course on orbital and peri-orbital lesions will be held on 23 January 1999. Further details: Mrs K Sipman, PO Box 1738, 3000 DR Rotterdam, Netherlands. Tel: +31 10 40897787; fax: +31 10 4362762.

7th Rotterdam International Skull Base Day/Esser course
The 7th Rotterdam International Skull Base Day/Esser one day course on orbital and peri-orbital lesions will be held on 23 January 1999. Further details: Mrs K Sipman, PO Box 1738, 3000 DR Rotterdam, Netherlands. Tel: +31 10 40897787; fax: +31 10 4362762.

VIIth International Symposium on Graves’ Ophthalmopathy
The VIIth International Symposium on Graves’ Ophthalmopathy will be held on 27-28 November 1998 in Amsterdam. Further details: Amsterdam Thyroid Club, Department of Endocrinology, F5-171, Academisch Medisch Centrum, Meibergdreef 9, 1105 AZ Amsterdam, Netherlands.

Ophtalmic technologies
The 9th Ophtalmic Technology Conference will be held on 23–24 January 1999 during the International SPIE symposium on biomedical optics. Further information: The SPIE Organisation, PO Box, Bellingham, WA 98227-0010, USA. (Fax: (+1) 360-647-1445; email: www.spie.org/info/pw)

Laser eye injuries
A conference on the epidemiology, prevention, diagnosis, and therapy of laser eye injuries will be held in San Jose, California on 25–26 January 1999 during the International SPIE symposium on biomedical optics. Further information: The SPIE Organisation, PO Box, Bellingham, WA 98227-0010, USA. (Fax: (+1) 360-647-1445; email: www.spie.org/info/pw)

Hong Kong Ophthalmological Symposium 98
The Hong Kong Ophthalmological Symposium 98 on myopia will be held on 28-29 November 1998 at the Hong Kong Convention and Exhibition Centre. Further details: Dr Woon-ming Chan, Secretary, Organising Committee, Hong Kong Ophthalmological Symposium 98, University Eye Centre, 3/F, Hong Kong Eye Hospital, 147K Argyle Street, Kowloon. (Tel: (852) 2761 9128; fax: (852) 2715 0089; email: cohk@netvigator.com)

Singapore National Eye Centre
The 3rd SNEC international meeting and exhibition will be held in Vittel, France on 9-11 October 1998. Further details: Mrs Nicole Charron, Director, Palais des Congrès, Av Bouloumie, BP 57, 8802 Vittel, France. Tel: +33 329 08 18 30; fax: +33 329 08 6001.

Office of Continuing Medical Education
The 11th Annual Wilmer Institute's Current Concepts in Ophthalmology will be held on 4-9 February 1999 at the Hyatt Regency Centrum Beach Hotel, Dorado, Puerto Rico. Further details: Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Medical Education, Turner 20/720 Rutland Avenue, Baltimore, MD 21205, USA. (Tel: (410) 955-2999; fax: (410) 614-8613; email: cmenet@som adm.jhu.edu)

Office of Continuing Medical Education
The 9th Ophthalmic Technology Conference will be held on 23-24 January 1999 during the International SPIE symposium on biomedical optics. Further information: The SPIE Organisation, PO Box, Bellingham, WA 98227-0010, USA. (Fax: (+1) 360-647-1445; email: www.spie.org/info/pw)

Office of Continuing Medical Education
The 21st Annual Wilmer Institute's Current Concepts in Ophthalmology will be held on 4-9 February 1999 at the Hyatt Regency Centrum Beach Hotel, Dorado, Puerto Rico. Further details: Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Medical Education, Turner 20/720 Rutland Avenue, Baltimore, MD 21205, USA. (Tel: (410) 955-2999; fax: (410) 614-8613; email: cmenet@som adm.jhu.edu)

Office of Continuing Medical Education
The 16th Annual Wilmer Institute's Current Concepts in Ophthalmology will be held on 14-19 March 1999 at the Manor Vail Lodge, Vail, Colorado, USA. Further details: Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Medical Education, Turner 20/720 Rutland Avenue, Baltimore, MD 21205, USA. (Tel: (410) 955-2999; fax: (410) 614-8613; email: cmenet@som adm.jhu.edu)

Office of Continuing Medical Education
The 16th Annual Wilmer Institute's Current Concepts in Ophthalmology will be held on 14-19 March 1999 at the Manor Vail Lodge, Vail, Colorado, USA. Further details: Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Medical Education, Turner 20/720 Rutland Avenue, Baltimore, MD 21205, USA. (Tel: (410) 955-2999; fax: (410) 614-8613; email: cmenet@som adm.jhu.edu)
Ophthalmological Clinic, University of Creteil
An international symposium on the macula will be held on 26–27 March 1999 at the Ophthalmological Clinic, University of Creteil. Further details: Professor G Soubrane, Chef de Service, Clinique Ophtalmologique Universitaire de Creteil, Centre Hospitalier Intercommunal, 40 Avenue de Verdun, 94010 Creteil, France. Fax: 01 45 17 52 27.

XII Congress European Society of Ophthalmology
The XII Congress European Society of Ophthalmology will be held in Stockholm, Sweden on 27 June–1 July 1999. Further details: Congress (Sweden) AB, PO Box 5819, S-114 86 Stockholm, Sweden. (Tel: +46 8 459 66 00; fax: +46 8 661 91 25; email: soc@congrex.se; http://www.congrex.com/soe/)

4th Meeting of the European Neuro-Ophthalmology Society
The 4th meeting of the European Neuro-Ophthalmology Society will be held on 29 August–2 September 1999 in Jerusalem, Israel. Further details: Secretariat, 4th Meeting of the European Neuro-Ophthalmology Society, PO Box 50006, Tel Aviv, 61500, Israel. (Tel: 972-3-514000; fax: 972-3-5175674/972-3-5140077; email: Eunos99@kenes.com)

Ophthalmological Clinic, University of Creteil
An international symposium on the macula will be held on 1–2 October 1999 at the Ophthalmological Clinic, University of Creteil. Further details: Professor G Soubrane, Chef de Service, Clinique Ophtalmologique Universitaire de Creteil, Centre Hospitalier Intercommunal, 40 Avenue de Verdun, 94010 Creteil, France. Fax: 01 45 17 52 27.

Jules François Prize
The 2000 Jules François Prize of $100 000 for scientific research in ophthalmology will be awarded to a young scientist who has made an important contribution to ophthalmology. All topics in the field of fundamental and/or clinical research in ophthalmology will be considered. The application should be sent jointly with a curriculum vitae, the list of all publications, and three copies of the candidate's 10 most relevant publications to Jules François Foundation Secretary, Professor Dr M Hanssens, Dienst Oogheelkunde, de Pintelaan 185, B-9000 Gent, Belgium. Deadline for applications 31 December 1999.
Use of sulphur hexafluoride for anterior chamber reformation following trabeculectomy

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