Acanthamoeba keratitis occurring with daily disposable contact lens wear

EDITOR,—The term “disposable” contact lens is a misnomer perpetuated by the contact lens industry. Intuitively, a disposable item is discarded after use. Not so, however, for the “disposable” contact lens, as the term was introduced initially by the contact lens industry, for a lens that could be worn for 1, 2, or 4 weeks or on an extended wear basis and then be disposed of. A later term adopted by them was “planned replacement”, which is a better description of this lens wear modality. This differs from true “daily disposable” lens wear (a recent introduction), where each pair of contact lenses is worn only once and then discarded.

The primary difference between planned replacement and daily disposable contact lens wear is the modality of wear, not any particular feature of the contact lenses or their material. A patient could obtain daily disposable contact lenses, but decide to reuse them with appropriate cleaning and disinfection, and so would cease to be a daily disposable lens wearer and become a planned replacement lens wearer instead, though using the same contact lenses.

The patient reported by Woodruff and Dart both as described above, so the authors have not reported Acanthamoeba keratitis associated with daily disposable lens wear; they reported an Acanthamoeba keratitis infection associated with planned replacement lens wear, combined with an inadequate care regimen (saline).1 This has previously been well recorded.

It is important to warn patients that rewear- ing daily disposable contact lenses carries an increased risk of infection, and removes any benefit associated with this modality.

We agree with Woodruff and Dart that patients prescribed daily disposable lenses must be taught not to reuse them. However, we do not agree that they have reported a case of Acanthamoeba keratitis with daily disposable lens wear. There has still been no report of Acanthamoeba keratitis with daily disposable lens wear discarded daily. This lens wear modality affords great advantages over others, in terms of hygiene and simplicity, when used as intended. This needs to be emphasised as it is important that neither the public nor the eye care professions are misled when used as intended. This needs to be reflected in legislation.

W JOHN ARMITAGE CAT Eye Bank, Bristol

Decline in eye donation in the UK

EDITOR,—It was alarming to read the newsdesk item “Decline in eye donation in the UK continues” published in the November 1999 issue of BJO. It was reported by Dr John Armitage, the dramatic fall in eye donation is definitely a cause for concern. So far, the general impression was that the issue of eye donation is more complex and problematic in developing countries mainly because of the lack of awareness among the masses, besides many other secondary factors.

Could it be that rejection of more tissue samples, as a result of unsuitability has created resentment towards eye donation among the public? To overcome this problem we would suggest that if there is no systemic contraindication for the transplantation, all the donated tissues should be utilised either for PK/LK depending upon suitability.

Certainly, Armitage’s suggestion of enhancement of awareness about eye donation through different means is helpful. Besides, by strengthening the hospital tissue retrieval programme, more donation is possible.

Moreover, the problem of uneven proportion of eye donations in different regions of the UK can be overcome by spreading eye information and eye collection centres everywhere all over the country, which will be more cost effective.

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When it comes to describing the clinical features of ocular tumours, Jerry and Carol Shields are in a class of their own. So when I came across their three new atlases at the trade exhibition of the International Congress of Ocular Oncology held recently in their home town, Philadelphia, I bought all three volumes there and then.

I certainly have not been disappointed. The Atlas of Intraocular Tumours alone contains almost 1500 illustrations, all of superb quality. The other atlases on conjunctival and orbital tumours are similar. The material includes illustrations of both “common” and rare tumours, usually with several photographs of each tumour showing variations in clinical presentation. Diagnostic approaches and treatments are also covered in a pictorial manner. There are six illustrations per page, with a succinct legend beneath each figure. The illustrations are mostly displayed on the right hand page, with an introductory text and relevant references on the left hand page or at the top of the page (very “user friendly”).

Few ophthalmologists have the opportunity to see many ocular tumours and to develop their diagnostic skills. When given such an “educative” presentation on tumour diagnosis, I have on several occasions noticed that members of an audience would fail to recognise a photograph of a “textbook” case, until I mention just one key sign, whereupon several delegates would suddenly call out the correct answer. This would suggest that texts have been memorised assiduously, but without learning what the clinical signs actually look like. The “Shieldses atlas” goes a long way towards solving this problem.

I expect that many ophthalmologists would enjoy browsing through these beautiful atlases not only to educate themselves for examinations or otherwise but also because the condi...
tions themselves are so spectacular. I am sure it would also be comforting for them to know that these atlases were available in their departmental library, waiting to be consulted the next time a patient with a "difficult" tumour came along.

BERTIL DAMATO


The aim of this atlas is to provide an insight into stereoscopic angiography, whether it is with fluorescein or indocyanine green. All the stereo illustrations use anaglyph technology and are viewed with the red/cyan glasses provided. The first two of its seven chapters are technical explaining both how to perform and how to interpret stereo ocular angiography. The remaining five chapters provide examples of various retinal diseases.

Most people purchasing this book would probably do so with a view to learning how to perform and interpret stereoscopic fluorescein angiograms of choroidal neovascular membrane formation in age related macular degeneration. This has become particularly important with the advent of photodynamic therapy. Unfortunately this book is not the answer. The first two chapters are well laid out and are informative but the latter chapters are not detailed enough. If you have not seen these atlases were available in their departmental library, waiting to be consulted the next time a patient with a "difficult" tumour came along.

JOHN A OLSON

NOTICES

Community participation in eye health and trachoma and the SAFE strategy

The latest issues of Community Eye Health (nos 31 and 32) discuss community participation in eye health (issue 31) and trachoma and the SAFE strategy (issue 32). For further information please contact Community Eye Health, International Centre for Eye Health, Institute of Ophthalmology, 11-13 Bath Street, London EC1V 9EL. (Tel: (+44) 171 608 6909/6910/6923; fax: (+44) 171 250 3207; email: eyeresource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

Residents’ Foreign Exchange Programme

Any resident interested in spending a period in a different country. For further information please contact the SAFE strategy (issue 32).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series

A course entitled “Diagnostic Ultrasound in the 21st Century” will be held in New York City, NY, on 25-27 August 2000. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14790 Switzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series

A course entitled “Diagnostic Ultrasound in the 21st Century” will be held in Las Vegas, Nevada, on 3–5 November 2000. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14790 Switzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

Mind’s Eye 2—Psyche and Sight Loss


12th Afro-Asian Congress of Ophthalmology

The 12th Afro-Asian Congress of Ophthalmology (Official Congress for the Afro-Asian Council of Ophthalmology) will be held on 11-15 November 2000 in Guangzhou (Canton), China. The theme is “Advances of ophthalmology and the 21st century.” Further details: WIT-Wissenstransfer, Universität Tubingen (tel: ++49 7071-29 76439; fax: ++49 7071 29 5051; email: wit@uni-tuebingen.de/wit).
Mailbox, Book reviews, Notices

The Hong Kong Ophthalmological Symposium '00
The Hong Kong Ophthalmological Symposium '00 will be held 4–5 December 2000, in Hong Kong, China. Further information: Miss Vicki Wong, Room 802, 8/F Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong (tel: (852) 2761 9128; fax: (852) 2715 0089; email: cohk@netvigator.com).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series
A course entitled “Obstetrical Ultrasound” will be held in Marina del Rey, CA, on 12–14 January 2001. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series
A course entitled “Obstetrical and Gynecological Ultrasound” will be held in New York City, NY, on 24–26 August 2001. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).
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