

## Retrobulbar triamcinolone for branch retinal vein occlusion

In a retrospective interventional case series involving 50 consecutive patients (50 eyes), trans-Tenon's retrobulbar triamcinolone acetate (20 mg; TA) injection was given as initial treatment for macular oedema associated with branch retinal vein occlusion (BRVO). Foveal thickness decreased significantly at 3 months after injection ( $p < 0.0001$ ). Improvement in visual acuity of at least 0.20 logMAR was seen in 22 eyes (44%). After 3-month follow-up, 29 eyes (58%) needed additional TA injections or pars plana vitrectomy (PPV). PPV seemed to be effective for macular oedema resistant to TA. IOP elevation and cataract progression occurred in less than 10% of all patients. Kawaji *et al* conclude that trans-Tenon's retrobulbar TA injection appears to be safe and relatively effective for macular oedema associated with BRVO. Further evaluation of the effect of PPV on macular oedema resistant to TA injection is warranted. **See page 81**

## *Acanthamoeba* DNA extraction

To minimise false negative results of nucleic-acid based *Acanthamoeba* diagnostic tests, efficient lysis of cysts (without affecting the DNA) is necessary. Detection of *Acanthamoeba* by real-time PCR was studied by processing a mixture of *Acanthamoeba* cysts and a tag virus with several commercially available DNA preparation kits. Goldschmidt *et al* observed that significant increase in the detection rates were obtained by adding a Proteinase K treatment (10 min at 56°C) prior to using commercially available DNA extraction kits. **See page 112**

## Intravitreal triamcinolone vs bevacizumab for refractory diabetic macular oedema

To compare the morphological and visual acuity outcomes associated with a single intravitreal injection of triamcinolone acetate (4 mg/0.1 cc) versus bevacizumab (1.5 mg/0.06 cc) for the

treatment of refractory diffuse diabetic macular oedema (DMO), 28 patients were randomly assigned to two treatment groups. Central macular thickness was significantly reduced in the intravitreal triam-

cinolone group when compared with the bevacizumab group at weeks 4, 8, 12 and 24 ( $p < 0.05$ ). LogMAR best-corrected visual acuity was significantly higher at weeks 8 and 12 in the intravitreal triamcinolone group when compared with the bevacizumab group ( $p < 0.05$ ). Significant change in mean intraocular pressure was observed only in the intravitreal triamcinolone group. Cataract progression was not observed during the study. Paccola *et al* conclude that a single intravitreal injection of triamcinolone may offer certain advantages over bevacizumab in the short-term management of refractory DMO. These preliminary findings, however, remain to be confirmed in larger studies. **See page 76**

## Amniotic membrane transplantation for the management of corneal epithelial defects: an in vivo confocal microscopic study

Much is known about the effects of amniotic membrane (AM) transplantation for the treatment of persistent corneal epithelial defects. It can be used as a graft, when the healing corneal epithelial cells (CEC) migrate on the surface of the AM, which becomes part of the host; or as a patch, when the cells migrate under the AM. Very little is known about the fate of the AM during such healing. Nubile *et al* have used in vivo confocal microscopy (IVCM) to show that when the AM acts as a patch the AM epithelium has a mean thickness of 35  $\mu\text{m}$  and a cell density of 4613/mm on day one and is completely lost by day 15 of transplantation. The mean AM stroma thickness was 116  $\mu\text{m}$  and demonstrated a dense superficial and a loose deeper layer. It too completely disappeared between 4 to 8 weeks. In all the

20 eyes studied, complete corneal epithelial healing occurred beneath the membrane. IVCM allowed visualisation of migrating CEC through the AM. **See page 54**

## Motion-in-depth perception in strabismic patients

To investigate motion-in-depth perception in patients with strabismus, Watanabe *et al* developed a stereo motion test using four types of computer-generated dynamic visual stimuli. Three of them were random dot stereograms of two parallel planes moving in depth. The fourth type of stimulus was a random dot stereogram of a rotating cylinder. Titmus stereo test using static visual stimuli was used to assess static depth perception. The results of the measurements performed on 52 strabismic patients suggested that the dynamic binocular depth perception is preserved in some of the strabismic patients who lack static stereopsis. **See page 47**

## Combined Pegaptanib sodium (Macugen) and photodynamic therapy in juxtafoveal choroidal neovascularisation in AMD

In a prospective, open label, non-comparative, observational case series of 7 eyes of 7 patients with predominantly classic juxtafoveal choroidal neovascularisation (CNV) in age-related macular degeneration (AMD), photodynamic therapy (PDT) followed by Pegaptanib Sodium (Macugen) was administered. At 6 months, BCVA diminished by a mean of five letters. Initial area of CNV increased significantly from 1.4  $\text{mm}^2$  to 2.7  $\text{mm}^2$ . There was a significant increase in the greatest linear dimension from 1280.3  $\mu\text{m}$  to 2065.7  $\mu\text{m}$  at 24 weeks follow-up. Calvo-González *et al* conclude that predominantly classic juxtafoveal CNVs are highly aggressive lesions that demonstrate poor response to combined therapy using PDT and Macugen. **See page 74**