At a glance

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The metabolic syndrome and retinal microvascular signs: the Funagata study

In an effort to determine the relationship of metabolic syndrome and its components with retinopathy, 1961 Japanese adults aged 35 or older were recruited in the Funagata study. Retinopathy and retinal microvascular signs were assessed from fundus photographs. Kawasaki *et al* observed that persons with the metabolic syndrome were more likely to have retinopathy (OR 1.64, 95% CI 1.02 to 2.64) and wider venular diameter 4.69 mm (95% CI 1.20 to 8.19 mm) than persons without the metabolic syndrome. ***See page 165***

Visual function in patients treated with pegylated interferon alpha

A prospective study was conducted in 52 patients with hepatitis C treated with pegylated interferon alpha to determine whether ophthalmic assessment was necessary. Visual assessments were performed at baseline and at 3 and 6 months post commencement of treatment. None of the patients reported any visual symptoms. The mean changes in visual acuity, contrast sensitivity and colour vision were negligible. None developed visual field defects, optic disc changes or permanent fundal changes over the follow-up period. Malik *et al* conclude that routine ophthalmic screening is not essential for asymptomatic patients treated with pegylated interferon alpha for hepatitis C. ***See page 256***

Mitomycin C for pterygium surgery

To evaluate the comparative efficacy of direct conjunctival closure (DCC) and sliding conjunctival graft (SCG), with and without intraoperative mitomycin C 0.02% (MMC), Hoz *et al* retrospectively analysed a consecutive case series of 327 European Caucasian patients (482 eyes) undergoing pterygium surgery. The main outcome measure was the recurrence rate and the time to recurrence. The authors observed that MMC reduced the recurrence rates following DCC and SCG. ***See page 174***

Submacular haemorrhage after intravitreal bevacizumab for large occult choroidal neovascularisation

A retrospective review of 53 patients with occult choroidal neovascularisation (CNV) who had received intravitreal bevacizumab (1.25 mg) was done to determine incidence of fresh macular haemorrhages. Four out of 10 patients with large occult CNV (>15 mm^2), but none in the remaining groups, developed fresh submacular haemorrhages at a median of 14 days. Goverdhan and Lochhead suggest that prospective studies are required to identify the most appropriate anti-VEGF agent for the treatment of large occult CNV. ***See page 210***

Assessing visual fields for driving

The binocular Esterman visual field test (EVFT) is the current visual field test for driving in the UK. To examine the level of agreement between EVFT and integrated visual field (IVF) and to compare outcomes to a test of visual attention (useful field of view ((UFOV)), 60 patients with binocular paracentral scotomata but normal visual acuity (VA) were recruited prospectively. Subjects were classified as "pass" or "fail" for the EVFT, IVF and UFOV. Chisholm *et al* observed good agreement between the EVFT and IVF in classifying subjects as "pass" or "fail" (kappa = 0.84) but the agreement between the visual field tests and UFOV was limited. Although the IVF and EVFT agree well in classifying visual fields with regard to legal fitness to drive in the UK, the IVF "passes" some individuals currently classed as unfit to drive due to paracentral scotomata of non-glaucomatous origin. ***See page 225***

Chemokine expression in murine cornea

This study was designed to evaluate the effects of surgical trauma and storage conditions on chemokine expression in murine corneas. Real-time reverse transcriptase PCR (RT-PCR) assay was used to measure mRNA encoding MIP-1a, MIP-1b and MIP-1c, MCP1, IP-10, lymphotactin, fractalkine, RANTES, eotaxin, MIG, MIP2 and the cytokine MIF. The ability of supernatant from corneas on chemotaxis of cells was also determined. Pillai *et al* report that ex vivo storage and manipulation of murine cornea increases the expression of chemokines that can result in earlier graft rejection. ***See page 259***

"Tuck In" lamellar keratoplasty (TILK) for peripheral corneal ectasia

A new surgical technique for the management of peripheral corneal ectasia is described. Twelve eyes of 12 patients (8 with combined keratoconus and PMD and 4 with keratoglobus) who were contact lens intolerant were enrolled in the study. "Tuck In" lamellar keratoplasty (TILK), which involves central lamellar keratoplasty with intrastromal tucking of the peripheral flange, was performed. The mean keratometry decreased from 57.54 (SD 6.89) D preoperatively to 46.36 (2.39) D ($p = 0.003$). A significant decrease was also observed in mean refractive astigmatism (5.93 (3.06) D preoperatively to 3.23 (1.14) D ($p = 0.037$)). Kuashal *et al* conclude that TILK is an effective surgical modality for the management of ectatic corneal dystrophies with peripheral corneal thinning. ***See page 286***