Influence of optic-disc size on parameters of RNFL analysis
Resch et al assessed impact of optic-disc size on the RNFL measurements with scanning laser polarimetry using variable corneal compensation (GDx VCC) or enhanced corneal compensation (GDx ECC) techniques for compensation of corneal birefringence in 80 healthy subjects. Optic-disc parameters were measured using HRT3. Subjects were divided into three equal groups depending on the optic-disc area. The authors observed that none of the tested GDx RNFL parameters were impacted by the optic-disc size. See page 424

Corneal aberrations for customisation of IOL asphericity
Nochez et al compared the quality of vision in patients with customised aspheric IOL (26 eyes) versus patients implanted with zero-aberration IOL (17 eyes) after a 1.8 mm incision cataract surgery. IOL asphericity was individually selected according to the corneal spherical aberration (SA) in order to produce a residual ocular SA close to +0.10 mm. Six months postoperative BCVA was similar in both groups. However, the authors observed that the total SA was significantly lower and the mesopic contrast sensitivities were significantly better in patients with customised aspheric IOls. See page 440

Nd:YAG-laser capsulotomy rates with Acrylic IOLs
Johansson investigated the incidence of Nd:YAG-laser treatment for posterior capsular opacification (PCO) over a 5-year period in eyes receiving the AR40 (500 eyes), AR40e (300 eyes) or BL27 IOL (300 eyes). Overall, 216 eyes (24%) received laser capsulotomy. The capsulotomy rates were significantly different for the three IOLs: AR40 (24%), AR40e (17%), and BL27 (50%). The author concluded that in comparison with a hydrophobic acrylic IOL with sharp posterior optic edge (AR40e), a hydrophilic acrylic IOL (BL27) was associated with almost twice the capsulotomy rate. See page 450

Ten-year results of transscleral resection of large uveal melanomas
Bechrakis et al report long-term tumour control and metastatic rates after transscleral resection (TSR) of large uveal melanomas in a single-centre study involving 210 patients. The authors observed residual tumour in 6% of the patients. The 10-year local tumour recurrence rate was 52%. Larger basal tumour diameter, lack of adjuvant brachytherapy, and presence of retinal detachment increased the risk of local recurrence. The 10-year metastatic rate was 44%. The authors conclude that TSR with adjuvant radiotherapy is an alternative to enucleation for the treatment of large uveal melanomas. See page 460

Iodine-125 episcleral brachytherapy for choroidal haemangioma
López-Caballero et al evaluated efficacy of 1-125 episcleral plaque radiotherapy (target apex dose of 48 Gy) for the treatment of circumscribed choroidal haemangioma (CCH) in eight patients. Over a mean follow-up of 83 months, the authors observed tumour regression in all cases. Three patients developed radiation retinopathy. Visual acuity remained stable in six patients and decreased in two patients. The authors conclude that episcleral brachytherapy is an acceptable treatment of CCH. See page 470

FD OCT and FAF findings in indeterminate choroidal melanocytic lesions
Singh et al compared detection rates of drusen and subretinal fluid by Fourier domain (FD OCT) and orange pigment by fundus autofluorescence (FAF) with ophthalmoscopic in 58 patients with indeterminate choroidal melanocytic lesions. The authors observed drusen in 42%, subretinal fluid in 53%, and orange pigment in 50% of patients by ophthalmoscopic examination. The detection rates by FD OCT and FAF were equivalent to ophthalmoscopy. See page 474

Infrared, red-free and FAF imaging in pseudoaxanthoma elasticum
De Zaatijd et al assessed value of novel fundusoscopic imaging techniques, such as near-infrared reflectance, red-free and autofluorescence imaging in 22 patients and 25 obligate carriers of pseudoaxanthoma elasticum (PXE). The authors observed at least one characteristic of PXE retinopathy on funduscopy of all eyes. However, specialised imaging techniques were more sensitive than white light funduscopy in visualising early retinal signs and allowing a better appreciation of the extent of lesions. See page 479

Intravitreal thalidomide reduces experimental preretinal neovascularisation
vom Hagen et al investigated the antiangiogenic effect of intravitreal thalidomide (150 mg/ml) on retinal neovascularisation in a C57BL/6J mouse model of proliferative retinopathy. Retinal toxicity was assessed by measuring retinal thickness, caspase-3 activity, and apoptotic cell counts. The authors observed that intravitreal thalidomide significantly reduced preretinal neovascularisation (62%). Intravitreal thalidomide was not toxic suggesting thalidomide for clinical investigation. See page 504
At a glance

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