

Highlights from this issue

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Arun Singh, Harminder Dua, *Editors-in-Chief***HIGHER-ORDER ABERRATIONS AFTER LASIK**

Kamiya *et al* compared visual acuity (VA), higher order aberrations (HOAs) and corneal asphericity after femtosecond lenticule extraction (FLEX) and wavefront-guided laser-assisted in situ keratomileusis (wfg-LASIK) in 43 myopic eyes (23 patients) before and 3 months after surgery. Although, there was no significant difference in VA and total HOAs between the two procedures, FLEX induced significantly fewer ocular fourth-order aberrations than wfg-LASIK.

CLUSTER OF URRETS-ZAVALIA SYNDROME

Nizamani *et al* analysed possible causes and risk factors in a cluster of Urrets-Zavalía Syndrome (UZS), which occurred as a sequel of toxic anterior segment syndrome (TASS) after uneventful cataract surgery (15 cases, incidence 0.08%). All cases presented with corneal oedema, anterior chamber reaction and fixed dilated pupils on first postoperative day. One month postoperatively, the anterior segment inflammation improved considerably in all patients. Ringer lactate solution was found to be the offending agent of TASS.

OCULAR SURFACE SQUAMOUS NEOPLASIA IN MALAWI (SUB-SAHARAN AFRICA)

Tiong *et al* analysed clinical factors associated with a histopathological diagnosis of conjunctival squamous cell carcinoma (SCC) in prospective consecutive case series of 51 patients from two hospitals in Central Malawi over a 1 year period. 30 patients were confirmed HIV seropositive. Larger tumour size, male gender, and HIV seropositivity were associated with invasive SCC pathology.

BENEFITS OF GENETIC TESTING FOR RETINITIS PIGMENTOSA

Eden *et al* explored if contingent valuation method could be used to value the benefits of genetic testing for retinitis pigmentosa (RP) by eliciting willingness-to-pay (WTP) values for genetic counselling and genetic counselling with genetic testing. Telephone and face-to-face interviews in individuals with (n=25), and without (n=27) prior experience of RP

were conducted. In this hypothetical scenario, the majority of participants stated that they would seek genetic counselling and testing. Respondents offered similar justifications for stated WTP values between participant groups. Overall, participants with prior knowledge of RP were willing to pay more for genetic ophthalmology services.

BIMATOPROST 0.03% PRESERVATIVE-FREE OPHTHALMIC

Day *et al* evaluated efficacy and safety of bimatoprost 0.03% preservative-free (PF) ophthalmic solution versus bimatoprost 0.03% (Lumigan) ophthalmic solution for glaucoma or ocular hypertension in a double-masked, parallel-group, randomised study (597 patients (bimatoprost PF, n=302) and (bimatoprost, n=295)). Both treatments showed decreases in mean average eye IOP at all follow up time points, were safe and well tolerated indicating that Bimatoprost PF is equivalent to bimatoprost in its ability to reduce IOP with a safety profile similar to bimatoprost.

AMNIOTIC MEMBRANE TRANSPLANTATION IN BULLOUS KERATOPATHY

dos Santos Paris *et al* compared amniotic membrane transplantation (AMT) and anterior stromal puncture (ASP) in the management of pain in 40 patients with symptomatic bullous keratopathy in a prospective randomised study. At 6 month follow-up, the presence of a regular epithelial surface was higher in the AMT group (60% and 50%, respectively) than in the ASP group (16.7% and 6.3%, respectively). There was no statistical difference between the two groups in the severity or duration of pain. ASP may be the preferred treatment as it is a simple outpatient procedure and should cost less than AMT.

IGG4-RELATED LYMPHOPLASMACYTIC DISORDER IN ORBITAL INFLAMMATION

Deschamps *et al* evaluated positive IgG4-immunostaining in orbital tissue in idiopathic orbital inflammation and compared clinical, radiographic and pathologic features among 25 patients with and without IgG4-positive cells. Immunohistochemical

staining showed 10 IgG4 positive cases (40%). The symptoms and signs included eyelid or periocular swelling/mass, pain, extraocular muscle restriction, proptosis, and/or decreased vision. The presence of positive IgG4-immunostaining in orbital tissue was associated with characteristic pathological features (fibrosis, lymphoid hyperplasia, plasma cells, and phlebitis). Demographic and clinical findings of these patients did not differ from those with IgG4-negative cells.

IMAGING CHARACTERISTICS OF NEOVASCULAR PIGMENT EPITHELIAL DETACHMENTS

Punjabi *et al* evaluated imaging characteristics of macular neovascular pigment epithelial detachments (PED) and their response to anti-vascular endothelial growth factor (VEGF) therapy in 72 eyes (64 patients). Three types of PEDs were identified based on reflectivity of the material under the retinal pigment epithelium on optical coherence tomography: hollow (26 eyes), solid (30 eyes), and mixed (8 eyes). Overall, 46% with hollow PED, 25% with mixed PED and 3% with solid PED had flattening after anti-VEGF therapy. The likelihood of PED flattening seems to be inversely related to the reflectivity of the PED. The more reflective the PED, lower the likelihood of resolution with anti-VEGF therapy.

DEXAMETHASONE IMPLANTS IN RETINAL VEIN OCCLUSION

Joshi *et al* reported 12-month outcomes of the dexamethasone intravitreal implant in retinal vein occlusion (RVO), using an as-needed repeat injection protocol in retrospective consecutive case series of 51 eyes (49 patients) with RVO induced macular oedema. 70% of patients responded to dexamethasone implant injection with an improvement in VA and macular oedema within 3 months, but only 30% of eyes gained ≥ 15 letters. 56% of patients relapsed and 14 eyes (27%) developed a significant rise in intraocular pressure.

Competing interests None.

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