

Highlights from this issue

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Temporary monocular blindness is a risk factor for stroke and may need quick surgical therapy. The highest risk period for suffering a stroke after a temporary monocular blindness or amaurosis fugax is the first 14 days after the event, and this is the recommended threshold for performing carotid endarterectomy. Naylor and colleagues stress the importance of referring ophthalmological patients presenting with transient monocular blindness (or blindness felt to be "monocular") to stroke units for further diagnosis and therapy of a potential carotid artery stenosis.¹

PURULENT CONJUNCTIVITIS IN CHILDREN

In an international multicentre randomised, investigator-masked study in 286 children with purulent discharge and bulbar conjunctival injection, Bremond-Gignac *et al.* found that azithromycin 1.5% eye drops provided a more rapid clinical cure than tobramycin 0.3% eye drops, with a more convenient twice-a-day dosing regimen.²

IMAGING OF MEIBOM GLANDS

Arita and coworkers developed a non-contact infrared meibography technique for the non-contact observation of the Meibomian glands.³ Future studies may address the practicability of the new technique in clinical routine of patients with Meibomian gland dysfunctions or tumors.

ZIG ZAG VERSUS TOP HAT CONFIGURATION IN INTRALASE-ENABLED PENETRATING KERATOPLASTY

In a retrospective clinical study, Shehadeh Mashor *et al.* examined the outcome of penetrating keratoplasty using the femtosecond laser enabled cut configuration of Top Hat (24 eyes) versus the Zig Zag configuration (10 eyes).⁴ At one year follow-up, both groups did not markedly differ in visual and refractive outcomes, wound healing and corneal endothelial cell counts.

COMMUNITY OPTOMETRIST-DELIVERED POSTOPERATIVE FOLLOW-UP OF PATIENTS AFTER CATARACT SURGERY

Voyatzis and colleagues evaluated a community optometrist-delivered postoperative

discharge scheme in patients who underwent same day discharge from the hospital eye service following cataract surgery. They found that the system by the community optometrists combined the advantages of care closer to home and avoided unnecessary hospital visits for patients undergoing uncomplicated cataract surgery.

AIR BY VITRECTOMY EMBOLIZATION (PAVE)

In an experimental post mortem study on human globes, Morris *et al.* describe the possibility of an intrusion of air into the vortex veins if air gets access to the suprachoroidal space during vitrectomy.⁶ This mechanism could explain the development of fatal air embolizations in patients undergoing pars plana vitrectomy with fluid-air exchange. The authors strongly recommend avoiding any access of air into the suprachoroidal space during surgery.

GENOMIC EXAMINATION IN PATIENTS WITH UVEAL MELANOMAS

Cassoux and colleagues investigated the capacity of a genetic analysis of uveal melanoma samples to identify patients with uveal melanoma at high risk for eventual metastasis.⁷ The status of chromosome 3 and 8 was determined by array comparative genomic hybridization. The study population was divided into groups of patients with disomy 3 and normal chromosome 8, disomy 3 and 8q gain, monosomy 3 and normal chromosome 8, and monosomy 3 and 8 or 8q gain. After a median follow-up of 28 months, multivariate Cox modelling analysis revealed that the status of chromosomes 3 and 8 were the only two variables that independently contributed to the prognosis: monosomy 3 alone ($p=0.001$) and monosomy 3 and 8q gain ($p<0.0001$). The authors recommend applying array comparative genomic hybridization for assessing the risk of metastasis in patients with uveal melanomas.

TOXIC IRRADIATED TUMOUR SYNDROME

Konstantinidis *et al.* report that trans-scleral local resection of irradiated uveal melanomas can resolve exudative retinal detachment, rubeosis iridis and neovascular glaucoma which developed after the irradiation.⁸ The authors conclude that the complications exudative retinal detachment and neovascular glaucoma may be caused by the

persistence of the irradiated tumor masses within the eye as part of a 'toxic tumour syndrome'.

FUNDUS AUTOFLUORESCENCE AND TREATMENT FOR POLYPOIDAL CHOROIDAL VASCULOPATHY

Yamagishi *et al.* report on the elimination of a hyper-autofluorescent ring around polyps in patients with polypoidal choroidal vasculopathy after successful therapy.⁹ The authors suggest that examination of the fundus autofluorescence could be a useful diagnostic tool in assessing the therapeutic outcome in patients with polypoidal choroidal vasculopathy.

REFERENCES

- 1 Naylor AR, Robinson TG, Eveson D, *et al.* An audit of management practices in patients with suspected temporary monocular blindness. *Br J Ophthalmol* 2014;98:730–3.
- 2 Bremond-Gignac D, Nezzar H, Bianchi PE, *et al.* for the AZI Study Group. Efficacy and safety of azithromycin 1.5% eye drops in paediatric population with purulent bacterial conjunctivitis. *Br J Ophthalmol* 2014;98:769–75.
- 3 Arita R, Suehiro J, Haraguchi T, *et al.* Objective image analysis of the meibomian gland area. *Br J Ophthalmol* 2014;98:742–51.
- 4 Shehadeh Mashor R, Bahar I, Rootman DB, *et al.* Zig Zag versus Top Hat configuration in Intralase-enabled penetrating Keratoplasty. *Br J Ophthalmol* 2014;98:734–7.
- 5 Voyatzis G, Roberts HW, Keenan J, *et al.* Cambridgeshire cataract shared care model: community optometrist-delivered postoperative discharge scheme. *Br J Ophthalmol* 2014;98:776–80.
- 6 Morris RE, Sapp MR, Oltmanns MH, *et al.* Presumed Air by Vitrectomy Embolisation (PAVE) a potentially fatal syndrome. *Br J Ophthalmol* 2014;98:738–41.
- 7 Cassoux N, Rodrigues MJ, Plancher C, *et al.* Genome-wide profiling is a clinically relevant and affordable prognostic test in posterior uveal melanoma. *Br J Ophthalmol* 2014;98:752–9.
- 8 Konstantinidis L, Groenewald C, Coupland SE, *et al.* Trans-scleral local resection of toxic choroidal melanoma after proton beam radiotherapy. *Br J Ophthalmol* 2014;98:781–5.
- 9 Yamagishi T, Koizumi H, Yamazaki T, *et al.* Changes in fundus autofluorescence after treatments for polypoidal choroidal vasculopathy. *Br J Ophthalmol* 2014;98:786–90.
- 10 Gumus K, Karakucuk S, Mirza GE, *et al.* Overexpression of vascular endothelial growth factor receptor 2 in pterygia may have a predictive value for a higher postoperative recurrence rate. *Br J Ophthalmol* 2014;98:796–800.