Wykoff and colleagues determined whether 2.0 mg intravitreal aflibercept as therapy for exudative age-related macular degeneration could maintain or even improve upon the visual acuity and anatomic gains of the Super-dose Anti-VEGF (SAVE) Trial in patients who had received 2.0 mg intravitreal ranibizumab for recalcitrant exudative age-related macular degeneration. The study included 46 patients with a mean of 42 prior intravitreal treatments. At 6 months after baseline, BCVA had not changed significantly ($P=0.71$), while central subfield thickness had improved significantly. At 6 months after baseline, ten of 45 (22%) patients had no retinal fluid and no patient lost $>15$ letters. The authors conclude that aflibercept 2.0 mg treatment maintained the improvements in visual acuity previously achieved with high-dose 2.0-mg ranibizumab injections in patients with recalcitrant wet age-related macular degeneration.

In a retrospective clinical-histopathological case series study, Rootman and colleagues examined the clinical, imaging, histologic and flow dynamic characteristics of orbital cavernous haemangioma. They found and concluded that cavernous haemangioma demonstrate clinical features and growth characteristics of a benign mass. Dynamic imaging highlights their slow flow vascular nature, while histology demonstrates hypercellularity and stromal changes which may be due to thrombosis and recanalisation in organised lesions.

Iverson and colleagues examined the frequency of abnormal retinal nerve fibre layer thickness and ganglion cell complex measurements among healthy and glaucoma suspect and preperimetric glaucoma patients in populations in Sörmland and Västmanland. The latter generally correlates strongly with metastatic death. The diagnosis was substantiated by transcerebral fine needle aspiration biopsy or by transretinal biopsy with a 25-gauge vitreous cutter. The chromosome 3 status was determined by fluorescence in situ hybridisation from 2002 until 2006, and by either multiplex ligation-dependent probe amplification and/or microsatellite analysis after this period until the end of the study. The study included 149 patients and the median follow-up duration medians were 6.3 months for disomy 3 and 6.4 months for monosomy 3 tumours. The rates of thickness reduction (6.7% and 7.0% per month, respectively) did not significantly correlate with chromosome 3 loss. It suggested that tumour thickness reduction at 6 months after treatment was unlikely to predict survival.

### REFERENCES

Highlights from this issue

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