

Highlights from this issue

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Keith Barton, Jost B Jonas, James Chodosh, *Editors in Chief***CYSTOID MACULAR EDEMA AFTER PHACOEMULSIFICATION IN DIABETICS**

Samanta *et al*¹ report 65 diabetic patients with a variety of levels of retinopathy who underwent phacoemulsification. Although 47% of those without pre-existing retinopathy and 55% of those with pre-existing retinopathy ($p < 0.05$) developed postoperative cystoid macular edema, there was a tendency for those with no pre-existing retinopathy to develop angiographic rather than clinical edema.

LONG-TERM FOLLOW-UP OF FULL MACULAR TRANSLOCATION FOR MYOPIC CHOROIDAL NEOVASCULARIZATION

Sakimoto² and colleagues report 60 eyes with a mean of 72 months follow-up after full macular translocation for myopic choroidal neovascularization. There was a significant improvement in the logMAR best corrected visual acuity from 0.78 to 0.54, 0.57 and 0.61 at 1, 3 and 5 years respectively. The main postoperative complications (retinal detachment in 22% and macular hole in 5%) as well as progressive myopic choroidal atrophy, limited the visual improvement.

RISK OF REACTIVATION OF TOXOPLASMIC RETINITIS FOLLOWING INTRAOCULAR PROCEDURES

Heringer *et al*³ report 69 patients with toxoplasmic retinochoroiditis who underwent intraocular surgery. Four cases developed reactivation at 3, 13, 14 and 17 months respectively. The authors conclude that there is no evidence of an increase in the reactivation rate after intraocular surgery in the absence of pre-operative prophylactic anti-toxoplasmic therapy.

THE IMPACT OF INTERMITTENT EXOTROPIA AND SURGERY FOR EXOTROPIA ON MYOPIC PROGRESSION IN CHILDREN

In a study of 210 early school-aged children, Shin *et al*⁴ observed no difference in the rate of myopic progression in those with or without intermittent exotropia, irrespective of whether they underwent surgery for the exotropia.

INCIDENCE OF PERIORBITAL NECROTISING FASCIITIS IN THE UK POPULATION

Using the british ophthalmological surveillance unit reporting system, Flavahan *et al*⁵ surveyed UK ophthalmologists over a 2 year period and reported 30 incident cases of periorbital necrotising fasciitis during that time period indicating an incidence of 0.24 per million per annum in the UK.

SMALL VOLUMES OF INTRAOCULAR GAS AND AIR TRAVEL

Twelve patients (6 with and 6 without scleral buckles) were examined in a hypobaric chamber one month after pars plana vitrectomy with 15% C₃F₈ gas by Noble *et al*⁶ who reported a significant IOP rise from 13 mm Hg to 26 mm Hg on simulated ascent. Eyes with scleral buckles had significantly lower peak IOP's than those without. The authors conclude that the presence of a scleral buckle significantly limits the magnitude of IOP changes raising the possibility that such patients might be able to tolerate air travel without undue risk of IOP elevation.

CHARLES-BONNET SYNDROME

Ffytche *et al*⁷ sent structured questionnaires to 4000 randomly selected members of the Macular Society. Of 1254 returned, 39% described having

experienced visual hallucinations. Interestingly 38% reported one or more of these hallucinations at onset as startlingly, terrifying or frightening.

GUTTAE

Using confocal microscopy and transmission electron microscopy of the corneal endothelium of a mouse homozygous for the Q445K mutation in the alpha 2 collagen VIII gene, Son *et al*⁸ demonstrated multiple forms of guttae in the same cornea that have similarities to late onset Fuchs Endothelial Dystrophy in humans.

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