Cystoid macular edema after phacoemulsification in diabetics
Samanta et al 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
Sakimoto 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 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 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 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 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
Flytche et al 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 demonstrated multiple forms of guttae in the same cornea that have similarities to late onset Fuchs endothelial dystrophy in humans.

References

CrossMark

Highlights from this issue

Keith Barton, Jost B Jonas, James Chodosh, Editors in Chief

doi:10.1136/bjophthalmol-2014-305869
Highlights from this issue

Keith Barton, Jost B Jonas and James Chodosh

*Br J Ophthalmol* 2014 98: i
doi: 10.1136/bjophthalmol-2014-305869

Updated information and services can be found at:
http://bjo.bmj.com/content/98/9/i

*These include:*

- **References**
  This article cites 8 articles, 1 of which you can access for free at:
  http://bjo.bmj.com/content/98/9/i#BIBL

- **Email alerting service**
  Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/