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# Highlights from this issue

Keith Barton, James Chodosh, Jost Jonas, *Editors in Chief***Mudhar *et al* (see page 736)**

A retrospective study of 90 biopsies received by a national reference laboratory in patients with the diagnosis of cicatricial conjunctivitis reports a marked inconsistency in sampling method that should be addressed by consensus guidelines.

**Galor *et al* (see page 745)**

In a cross-sectional study of 118 individuals using artificial tears to treat dry-eye associated pain, the authors report a differential subjective response to artificial tear preparations.

**Chaurasia *et al* (see page 750)**

Assessment of corneal endothelium, using specular microscopy, in Xeroderma pigmentosum revealed morphological changes suggestive of an accelerated endothelial cell loss. Blindness could be prevented by emphasizing proper ocular protection from ultraviolet radiation.

**Ramappa *et al* (see page 754)**

In pseudophakic corneal edema, functional success and graft survival following endothelial keratoplasty without stripping Descemet's membrane are comparable to Descemet's stripping keratoplasty, the advantages being undisturbed posterior stroma, reduced glaucoma risk and reduced surgical time.

**Bayramlar *et al* (see page 757)**

Arcuate keratotomy is effective in eyes with post-keratoplasty astigmatism, but surgeons should be aware that repeat procedures may be required to improve the final outcome.

**Gaynor *et al* (see page 762)**

A single day of training by an experienced trachoma grader can provide the basis for certification of workers who can then generate reliable trachoma prevalence estimates.

**Casswell *et al* (see page 766)**

Ophthalmology trainees are better at assessing their own performance for global indices of cataract surgery, rather than task-specific indices. Senior trainees are better at assessing their own surgical performance compared to junior trainees.

**Lee *et al* (see page 772)**

In a nationwide survey of local anaesthetic techniques, the authors report a large swing toward non-injection LA techniques with serious adverse events occasionally reported after all techniques except topical-intracameral and subconjunctival LA.

**Ramkumar *et al* (see page 777)**

Visual phenomena were reported by 27% of patients who underwent vitrectomy under monitored anesthesia and were not associated

with patient demographics, anesthetics given, or surgical procedures performed.

**Miserocchi *et al* (see page 782)**

Rituximab may be an effective treatment in patients with severe juvenile idiopathic arthritis-associated uveitis, especially for subjects who have not responded to other immunosuppressive drugs.

**Prünte *et al* (see page 787)**

The treat-and-extend approach utilising ranibizumab 0.5 mg is a feasible option for the management of patients with visual impairment due to diabetic macular oedema.

**Danis *et al* (see page 796)**

Pooled analysis of retinal morphology data from two phase III trials of dexamethasone intravitreal implant in diabetic macular oedema demonstrates sustained improvements in anatomic measures of macular oedema over a 3-year treatment period.

**Sivaprasad *et al* (see page 802)**

In a randomised clinical trial of combined repeated Ozurdex and macular lasertherapy (MLT) compared with MLT alone in participants with centre-involving diabetic macular oedema (DMO), the visual outcome after combination therapy did not differ from MLT alone despite a significant decrease in centre subfield thickness.

**Sharma *et al* (see page 808)**

The authors report a prevalence of abnormal mean retinal sensitivity of 89.1% in a subset of 357 subjects from Sankara Nethralaya diabetic retinopathy and molecular genetics study II who had diabetes but no retinopathy.

**Minderhoud *et al* (see page 814)**

In a population-based survey in Suriname, the prevalence of diabetes was 24.6%. The prevalence of any type of diabetic retinopathy (DR) or maculopathy was 21.6% and sight-threatening DR was 8.0%. Of the known diabetics, 34.0% had never had an eye examination for DR.

**Freeman *et al* (see page 819)**

Outer Retinal Tubulations may have a vascular component and can respond to treatment with anti-VEGF agents.

**Dulz *et al* (see page 824)**

An observational case series of macular characteristics in CLN3 disease, highlighting novel macular striations as a potential diagnostic retinal morphology.

**Khan *et al* (see page 829)**

Recessive IFT140 mutations cause the systemic skeletal ciliopathy conorenal syndrome which includes a severe congenital retinal dystrophy;

recessive mutations in the gene can also cause an apparently isolated ocular phenotype.

**Lee *et al* (see page 834)**

In a study of 201 consecutive low birth weight infants >1500 g in South Korea, the incidence of ROP was 12%, with 4% requiring treatment.

**Chen *et al* (see page 839)**

The retinoblastoma incidence in Taiwan was stable after the implementation of national health insurance, average 1 in 17,373 live births, with male predominance. The male-to-female ratio rose with age. Survival was associated with enucleation.

**Berlin *et al* (see page 843)**

Both morning and evening dosing of ONO-9054 induced sustained reduction in intraocular pressure with minimal adverse tolerability effects and may be suitable for treatment of ocular hypertension or open-angle glaucoma.

**Kotecha *et al* (see page 848)**

The disposable Tonosafe prism is an acceptable alternative to the reusable Goldmann prism. In busy settings, the interobserver variability may be clinically significant and doctors should consider repeating measurements before revising their glaucoma management.

**Kotecha *et al* (see page 854)**

When comparing ophthalmologists and technicians, the Goldmann applanation tonometer may be a better choice for measurement of intraocular pressure, particularly in a high volume clinic with a regular turnover of staff.

**Ye *et al* (see page 860)**

Unwrapped hydroxyapatite orbital implant with rectus end-to-end suturing in enucleation surgery is associated with low risk of exposure. Moreover, prior ocular surgery may be another risk factor for hydroxyapatite exposure.

**Malhotra *et al* (see page 866)**

High inter-observer agreement for this ophthalmic facial nerve grading instrument specifically designed for ophthalmic involvement of facial nerve paralysis. Objective and subjective parameters helped standardise grading and management planning.

**Latalsa *et al* (see page 871)**

Nano-enabled anaesthetics for eyelid surgery; an assessment of the transcutaneous permeability of lipidic and polymeric engineered anaesthetic nanomedicines as needless alternatives to subcutaneous anaesthetics for eyelid surgery.