LETTERS TO THE EDITOR

Mollicute-like organisms

SIR,—It was a thrill for me to read the article 'Chronic orbital inflammatory disease: parasitisation of orbital leucocytes by mollicute-like organisms' by Wirostko, Johnson, and Wirostko.¹ Their thesis in an important series of papers is that cell wall defective bacterial forms may play some role in human ocular pathology.

Some years ago I also published a series of papers on this topic, two of which^{2,3} were submitted as a thesis to the American Ophthalmological Society (but not accepted). I continue to believe that the last word has yet to be written and that other researchers such as Dr Wirostko and colleagues may well vindicate the bibliography below.

It is interesting that my coworker, Carolyn Barth, successfully defended a PhD thesis on this same work at Wayne State University. At the time I felt, and to a certain extent still do, that pure scientists are more receptive to ideas which contest their preconceived notions than are my senior ophthalmological colleagues.

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- 1 Wirostko E, Johnson L, Wirostko B. Chronic orbital inflammatory disease: parasitisation of orbital leucocytes by mollicute-like organisms. *Br J Ophthalmol* 1989; 73: 865–70.
- 2 Hessburg PC. Studies on uveitis: part I. Aqueous studies. *Henry Ford Hosp Med J* 1977; 25: 255–80.
- 3 Hessburg PC. Studies on uveitis: part II. Hypotheses with case reports. *Henry Ford Hosp Med J* 1978; 26: 17–38.
- 4 Hessburg PC, Mattman LH, Barth C, Dutcheshen LT. Aqueous microbiology: the possible role of cell wall deficient bacteria in uveitis. *Henry Ford Hosp Med J* 1969; 17: 177–94.
- 5 Dutcheshen LT, Hessburg PC. A microtechnique for the isolation of cell wall deficient organisms from very small samples. *Henry Ford Hosp Med J* 1973; 21: 31–8.
- 6 Barth CL, Judge MS, Mattman LH, Hessburg PC. Isolation of an acid-fast organism from the aqueous humor in a case of sarcoidosis. *Henry Ford Hosp Med J* 1979; 27 (2).
- 7 Dominique GJ. Cell wall-deficient bacteria: basic principles and clinical significance. In: Barth CL, Hessburg PC, eds. *Role of cell wall-deficient bacteria in uveitis*. Addison-Wesley, 1982: chapter 18: 465–88.

Total hyphaema following streptokinase administration eight days after cataract extraction

SIR,—A 76-year-old man underwent an uneventful left sided extracapsular cataract extraction and intraocular lens (one piece, 7 mm) implantation under local anaesthesia. One day after surgery the visual acuity in the operated eye was 20/40 and improved to 20/25 with pinhole. Intraocular pressure was 12 mm Hg, and results of anterior and posterior segment examination were normal, except mild anterior uveitis. Neither hyphaema nor iris abnormalities were noted. The patient was treated with topical chloramphenicol 0.2% and dexamethasone phosphate four times a day. He had no systematic illness and did not take any other systemic or topical medication.

Eight days after surgery he was examined by us, four hours after the intravenous administration of 750 000 units of streptokinase for massive anterior wall myocardial infarction. The patient complained that vision in his left eye had deteriorated in the previous 30 minutes.

Examination revealed hyphaema in the anterior chamber of the left eye, reaching to about one-third of the anterior chamber's height and progressing in 20 minutes to total hyphaema, with reduction of visual acuity to hand movements only. The bleeding obscured the iris, lens, and posterior pole details. The intraocular pressure was 14 mm Hg, and extensive subconjunctival haemorrhage was also noted.

The visual acuity of the right eye was 20/70 owing to nuclear cataract. The intraocular pressure was 12 mm Hg, and anterior and posterior segments were normal.

The patient's medical treatment was not altered, and the macroscopic hyphaema resolved within the next 48 hours. Microscopic hyphaema was noted for another 48 hours. During that time intraocular pressure was between 12 and 15 mm Hg, and visual acuity gradually improved to 20/30.

Streptokinase is an enzyme that causes conversion of plasminogen to plasmin, which breaks up thrombi by cleaving fibrinogen. Intravenous administration of streptokinase is a standard and early treatment for patients with acute myocardial infarction; it improves survival and left ventricular function.¹

We describe for the first time a case of total hyphaema, following administration of streptokinase in a patient eight days after an uneventful extracapsular cataract extraction and intraocular lens implantation. There was no other trauma to the eye, the patient was not treated with anticoagulants, and he did not undergo external cardiac massage. Furthermore a peripheral iridectomy was not performed during the operation. Thus we believe that the bleeding was caused by the streptokinase activity, and that surgery was probably the contributing factor. We cannot totally eliminate the possibility that the hyphaema might have been spontaneous.

Intraocular streptokinase has been used to treat experimental traumatic hyphaema, and it seems to shorten the time for its resolution.^{2,3} Our patient had rapid resolution of the hyphaema within four days, indicating the possible action of streptokinase. We did not use antidotes like fresh frozen plasma, or ε-aminocaproic acid for two reasons: streptokinase activity may improve survival, and it also may help the hyphaema to resolve.

Our conclusion is that one has to be aware of the standard use of streptokinase in patients with myocardial infarction, as there is a possibility of intraocular bleeding in those patients who recently underwent intraocular surgery. Decisions on treatment with streptokinase should be taken without delay, since it may be life saving, and, if consulting with a cardiologist, our recommendation is not to defer treatment with it.

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- 1 Verheugt FWA, Kupper AJF, Sterkman LGW, Meijer A, Peels CH, Roos JP. Emergency room infusion of intravenous streptokinase in acute myocardial infarction: feasibility, safety, and hemodynamic consequences. *Am Heart J* 1989; 117: 1018–22.

- 2 Sinsky RM, Krichesky A. Experimental hyphema in rabbits, the effect of fibrinolytic enzymes on the rate of absorption. *Am J Ophthalmol* 1962; 54: 445–50.
- 3 Scheie HG, Ashley BJ, Burns DT. Treatment of total hyphema with fibrinolysin. *Arch Ophthalmol* 1963; 69: 147–53.

BOOK REVIEWS

Textbook of Ophthalmic Plastic and Reconstructive Surgery. By Roger Kohn. (Pp 344; £65.30.) Lea and Febiger; Beckenham, Kent, 1988.

As its name implies, this is a textbook of ophthalmic plastic and reconstructive surgery, not a practical guide or manual. It has been written as a sequel to *Practical ophthalmic plastic and reconstructive surgery* by M J Reeh, C K Beyer, and G M Shannon, which was published in 1976. The author states that he wants the book to be comprehensive, and he is to be congratulated on having achieved this. The many excellent references ensure that, although the book is not encyclopaedic, every opportunity is provided for pursuing the subject further.

The usual subjects expected in a comprehensive textbook on oculoplastic surgery are discussed, such as anatomy, entropion, ectropion, ptosis, eyelid reconstruction, lacrimal, socket, orbital surgery, and fractures. In addition there are chapters devoted to basic principles of ophthalmic plastic surgery, congenital and craniofacial anomalies, and blepharospasm. The chapter on basic principles is particularly rewarding, including a discussion of wound healing, informed consent, skin preparation solutions, needles, suture materials, wound approximation, dog ears, flaps, and grafts. It is extremely useful to have insight into the principles of craniofacial surgery in a textbook which manages to remain so compact and to have a chapter devoted to the management of blepharospasm with a description of the alternatives of seventh nerve avulsion, orbicularis excision, and botulinum toxin injections.

Although the book is described as the sequel to *Practical ophthalmic plastic and reconstructive surgery*, it is in no way a new edition and is only the sequel because it is produced by the same publisher, with a 'foreword' by the two surviving authors of its predecessor. It is written very much by one author, ably helped by guest chapters on craniofacial abnormalities and orbital tumours, and reflects the author's personal approach to various problems which are not always those most used at present in ophthalmic plastic surgery, such as the two-pedicle tarsal rotation flap technique for treating lid retraction. He clearly does not like cryotherapy for the management of adnexal tumours, and it is not even mentioned when discussing carcinoma in situ, Bowen's disease, at the limbus. In other areas such as medial canthoplasty in the blepharophimosis syndrome both the more recognised and the author's individual techniques are described.

In summary, this is an excellent comprehensive textbook reflecting the author's personal approach to ophthalmic plastic surgery. It has been produced to a very high standard, with good drawings that have been photographed rather than the simpler line diagrams of its

predecessor. It is written in a logical way, with each subject discussed in terms of its clinical presentation, differential diagnosis, surgical indications, operative techniques, and complications, and includes an extensive bibliography at the end of each chapter. As a textbook it should make a valuable addition for readers who are actively involved in ophthalmic plastic surgery.

J R O COLLIN

Manual of Oculoplastic Surgery. Edited by Mark R Levine. (Pp 268. £32.50.) Churchill Livingstone: Edinburgh, 1988.

This multiauthor book is part of Churchill Livingstone's 'Manuals in ophthalmology' series. In the preface the editor states that it is designed as a concise guide for performing many basic surgical procedures, and it assumes that the reader is well versed in the diagnosis and surgical indications associated with these various procedures. The problem with any multiauthor book is the variable quality of the different contributions, but despite this it achieves remarkable consistency because of the format of each chapter, the artwork, and the grouping of the references under subject headings at the end of the book. This consistency is maintained by the fact that all the 42 contributors come from the USA with the exception of one each from Canada, Israel, and Korea. The book is written for practice in North America and is not aimed at the rest of the world. This is reflected in the early inclusion of chapters on cosmetic belfaroplasty and brow lifts and the absence of any section on such a common worldwide blinding condition as upper lid entropion.

The topics covered include anatomy, anaesthesia, trauma, cosmetic surgery, ptosis, lid retraction, entropion, ectropion, trichiasis, lid reconstruction, enucleation, evisceration, and socket, lacrimal, and orbital surgery. The individual procedures are well described and illustrated, and some of the indications for the operations are given in the opening sections of each chapter under 'goals and principles.' However, much is omitted. For instance, there is no discussion in ptosis about the value of cutting the levator muscle in the management of Marcus Gunn jaw winking ptosis or aberrant third nerve regeneration or of unilateral versus bilateral ptosis surgery. There is no discussion on tumour management with radiotherapy, cryotherapy, or the *laissezfaire* technique. There must be concessions to limited space in any small book, and much is included which is excellent – for instance, the chapters on orbital surgery and trichiasis and the inclusion of a chapter on temporal artery biopsy and applied anaesthesia.

In summary, this book achieves its stated aim of describing a variety of current ophthalmic plastic surgical procedures. These are valuable if the reader surgeon is truly well versed in the diagnosis, medical treatment, and surgical indications for these procedures, as the editor supposes, provided he also has some knowledge of their limitations and alternatives.

J R O COLLIN

The Cornea. Eds Herbert E Kaufman, Bruce A Barron, Marguerite B McDonald, Stephen R Waltman. Pp 952. £140. Churchill Livingstone: London, 1988.

The editors of this book aim to provide a comprehensive understanding of the aetiology and course of corneal disease as well as an integrated approach to its medical and surgical management. In addition they have edited each chapter to provide a cohesive consensus approach rather than a compendium of different authors' ideas. It is an excellent source of references and reviews on many subjects by many notable authorities and should be on the shelves of all libraries. However, the editors' ideals have been more succinctly achieved in other texts of lesser dimensions, and it would not therefore be my own choice as a sole work on this subject for an ophthalmologist with a special interest in the cornea.

The book is divided into a short introductory basic science section of 125 pages, and then the remainder is devoted to clinical matters. The chapter headings and layout are extensive and include an important section on the lids and tear film that are integral to understanding corneal disorders. The colour plates are gathered together in three sections and are of variable quality in what is an otherwise well produced book.

The basic science chapters vary from an excellent summary of corneal structure and function to a rather disjointed survey of ocular inflammation and basic ocular immunology which, though clear, adds nothing to numerous similar reviews already widely available.

The clinical chapters vary in the extent to which they have achieved their aims. The problems with the co-ordination of the aims of the editors can be seen in several places. The chapter on the surgical management of eyelid abnormalities is confused in the classification of trichiasis and distichiasis, and, although the principles of surgical correction are clearly discussed, there is not enough detail for this to serve as an alternative to a surgical manual. This also applies to an otherwise excellent chapter on lamellar keratoplasty later in the book. The bacterial conjunctivitis section does not deal with the treatment regimens and frequency, though these are often poorly managed in clinical practice. The chapter on parasitic infections is unusual in a modern text for dealing well with a wide range of rare disorders. The chapters on congenital and metabolic disorders of the cornea are well laid out, making use of tables for comparison of the different disorders, whereas the same cannot be said of the chapter on epithelial and stromal disorders, which though compendious, leaves its subject as confused as ever. The chapter on pterygium is clear but, like those on epikeratophakia, does not deal with the literature on the results of the various techniques.

There are several lacunae that could have been avoided by tighter editorial control or a better choice of chapter headings. Minor omissions are the management of the corneal complications in the chapter on atopic diseases and the use of glue in the management of corneal perforations, which is hardly discussed. More

important is the failure to discuss risk factors and success, in relation to graft survival, for penetrating keratoplasty despite a chapter being devoted to immunological considerations in corneal transplantation.

However, these criticisms stem partly from the high expectations excited by a text of this size and with so many expert contributors. Much of the writing and content is of the highest quality. The remaining chapters are comprehensive and cover a wide field not usually found in standard texts. There are excellent chapters on neoplasms and trauma and a useful section on the management of corneal surface disorders. The chapters on the surgical management of postkeratoplasty astigmatism and radial keratotomy are particularly clear and contain a useful evaluation of results. The editors are to be congratulated on assembling this book, which is a valuable resource for this important subject.

J K G DART

NOTES

Ocular trauma

The 2nd International Symposium on Ocular Trauma will take place in Geneva, Switzerland, on 2–5 April 1992. The symposium is under the auspices of the International Society of Ocular Trauma (ISOT). Further information from KENES, Conference Organisers, PO Box 50006, Tel Aviv 61500, Israel.

Myopia

An International Congress on Myopia will be held on 17–20 September 1990 at the Plaza Hotel, Buenos Aires, Argentina. Further information from the Secretariat of the Congress, Av Pte. Sáenz Peña 720 5°A, (1035) Buenos Aires, Argentina.

Leonhard Klein Prize

The prize for 1991 will be awarded for work either already completed or in an advanced state of completion which contributes to science and research in ophthalmic surgery. The prize is 30 000 West German marks. The recipient is required to use it for further research in eye surgery. The composition of the Foundation Committee which will decide the awarding of the prize has been designated by the Council of the German Ophthalmological Society. The committee's decision is final. Recommendations from a third party are possible. The work should be submitted before 1 March 1991 in the German language to the Kuratorium der Leonhard Klein Stiftung, c/o Stifterverband für die Deutsche Wissenschaft e.V. zu Hd. Frau Ute Berkel, Postfach 23 03 60, 4300 Essen 1, Federal Republic of Germany.