Highlights from this issue

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Harminder S Dua, Arun D Singh, *Editors-in-Chief***RETINAL DETACHMENT FOLLOWING BRACHYTHERAPY FOR UVEAL MELANOMA**

Beykin *et al* report outcome of pars plana vitrectomy in 7 of the 473 posterior uveal melanoma patients (1.5%) that developed tractional or combined tractional-rhegmatogenous retinal detachment at a mean of 50.1 months (range 3.5–120 months) following brachytherapy. After pars plana vitrectomy, retinas remained attached in each of the cases. In five of seven patients there was substantial improvement in visual acuity. No tumour growth or dissemination were observed during the mean follow-up of 18.4 months.

SENTINEL LYMPH NODE BIOPSY FOR CONJUNCTIVAL MELANOMA

Cohen *et al* report incidence of sentinel lymph node positivity and the procedure-related complications in 22 selected patients with conjunctival melanoma (non-limbal location or ≥ 2 mm thickness). Technetium-99 m failed to identify a sentinel lymph node in four of the 22 patients (18%). Of the remaining 18 patients, two were found to have sub-clinical micrometastasis in regional lymph nodes. Median follow-up was 20 months (range 6–36 months). No false-negative events were observed.

3D OCT FOR DIAGNOSIS OF FORME FRUSTE KERATOCONUS

Fukuda *et al* evaluated the ability of 3D OCT and a rotating Scheimpflug camera combined with a Placido topography system to discriminate between normal eyes (128), forme fruste keratoconus (25), and keratoconus (48) patients. Anterior and posterior keratometric parameters, elevation, topographic parameters, regular and irregular astigmatism, and five pachymetric parameters were measured. Both instruments showed significant linear correlations and good repeatability for normal and forme fruste keratoconus. Posterior elevation was the best discrimination parameter for forme fruste keratoconus.

CAPSULAR BAG STABILITY AND POSTERIOR CAPSULE OPACIFICATION

Hirnschall *et al* compared capsular bag stability and posterior capsule opacification (PCO) of a plate-haptic intraocular lens (IOL) and a standard three-piece open loop-haptic IOL of the same acrylic material in a randomised masked study (25 patients). Each patient received a microincision cataract surgery IOL (Acri. Smart 46S) in one eye and a small incision cataract surgery IOL (AcriLyc) in the contralateral eye. The capsular bag stability and PCO development rates of a plate-haptic IOL and a standard three-piece open-loop-haptic IOL made of the same acrylic material were comparable up to 3 years.

PRESERVATIVE FREE TAFLUPROST COMPARED WITH LATANOPROST

Konstas *et al* compared 24 h intraocular pressure (IOP) control with preservative free (PF) tafluprost 0.0015% versus branded preservative containing latanoprost 0.005% administered as monotherapy in patients with primary open angle glaucoma or ocular hypertension. 38 patients were randomised to either latanoprost or tafluprost, administered in the evening, for 3 months and then switched to the opposite therapy for another 3 months. Twenty-four hours monitoring was repeated at the end of each treatment period. PF tafluprost achieved similar 24 h IOP reduction to branded latanoprost. No significant difference existed between the two prostaglandins for any adverse event.

NOVEL AIR-INJECTION TECHNIQUE TO LOCATE THE MEDIAL CUT END OF LACERATED CANALICULUS

Liu *et al* describe a simple, safe and efficient air-injection technique to identify the medial cut edge of a lacerated canaliculus. After submerging the medial canthus under normal saline, they injected filtered air through the intact canaliculus using a side port stainless steel probe with a closed round tip. The tip was designed

to block the common canaliculus to form a relatively closed system. Using this technique, the medial cut end was successfully identified by locating the air-bubble exit within minutes in 19 cases of monocanicular laceration without any complication.

EVALUATION OF A MULTIFOCAL ASPHERIC DIFFRACTIVE IOL

Schmickler *et al* evaluated the performance of an aspheric diffractive multifocal acrylic IOL (ZMB00 1-Piece Tecnis). Fifty-two patients with cataracts (average age 68.5 years, 35 female) were bilaterally implanted with the aspheric diffractive multifocal IOL after completing a questionnaire regarding their optical visual symptoms, use of visual correction and their visual satisfaction. The questionnaire was completed again 4–6 months after surgery along with measures of uncorrected and best corrected distance and near visual acuity, under photopic and mesopic lighting, reading ability, defocus curve testing and ocular examination for adverse events. Spectacle independence was 100% for distance and 88% for near, with high levels of satisfaction reported. Overall, ZMB00 1-Piece Tecnis multifocal IOL provided good visual outcome at distance and near with minimal adverse effects.

REFRACTIVE OUTCOMES WITH SECONDARY IOL IN CHILDREN

Shenoy *et al* report refractive outcomes, prediction error (PE) and factors affecting PE in children with aphakia following congenital cataract surgery undergoing secondary IOL implantation in 174 eyes of 104 children. The mean absolute PE was 2.15 ± 1.68 D (range 0–7.5 D) at 3 months. IOL power calculation with SRK II formula with sulcus placement of IOL gave favourable refractive outcomes. There was an inverse relationship between age at secondary IOL implantation and mean absolute PE.