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Highlights from this issue

doi:10.1136/bjophthalmol-2021-320553

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Long-term outcome of transcanalicular microdrill dacryoplasty—a minimally invasive alternative to dacryocystorhinostomy (*see page 1480*)
In contrast to dacryocystorhinostomy, transcanalicular microdrill dacryoplasty is an anatomy preserving, microendoscopic lacrimal duct surgery technique, which is suitable for management of nasolacrimal duct obstruction in selected patients before performing more invasive procedures.

Minor salivary gland transplantation for severe dry eye disease due to cicatrising conjunctivitis: multi-centre long term outcomes of a modified technique (*see page 1485*)
A modified technique of minor salivary gland transplantation was successful in long-term improvement of vision and reduction in the severity of keratopathy in cases of severe dry eye due to cicatrising conjunctivitis.

Clinical and confocal imaging findings in congenital corneal anaesthesia (*see page 1491*)
Absence or reduced density of sub-basal plexus nerves was found to correlate with clinical findings in congenital corneal anaesthesia with a range of neurological associations. Compared with controls there was also increased dendritiform cell density in superficial cornea.

Keratitis occurring in post-kala-azar dermal leishmaniasis patients treated with miltefosine (*see page 1497*)
Miltefosine is a drug used to treat post-kala-azar dermal leishmaniasis. We have found distinct clinical features and course of keratitis in patients receiving miltefosine. The keratitis responds well with discontinuation of the drug and initiation of corticosteroid therapy.

Effects of the re-esterified triglyceride (rTG) form of omega-3 supplements on dry eye following cataract surgery (*see page 1504*)
The rTG form of omega-3 supplementation showed improvement of objective ocular staining, subjective symptoms, and reduction of ocular surface inflammation as measured by MMP-9 in nonspecific typical dry eye after cataract surgery.

Impact of intraocular lens characteristics on intraocular lens dislocation after cataract surgery (*see page 1510*)
Hydrophilic, quadripode design, and angulation were found as risk factors for an in-the-bag intraocular lens dislocation. Three-piece design and larger diameter revealed a lower risk. Siliconeand hydrophilic materials, and optic diameter were associated with an out-of-the-bag dislocation.

Recommendations for the management of ocular sarcoidosis from the International workshop on ocular sarcoidosis (*see page 1515*)
The International Workshop on Ocular Sarcoidosis has formulated recommendations for the management of ocular sarcoidosis that described management of *(i)* anterior, intermediate, and posterior uveitis, and *(ii)* the use of corticosteroids, immunosuppressive agents, and TNF-inhibitors.

Foveal cone count reduction in resolved endophthalmitis: an adaptive optics scanning laser ophthalmoscopy-based prospective pilot study (*see page 1520*)
Adaptive optics scanning laser ophthalmoscopy (AO-SLO) was used to examine the changes in photoreceptor cell counts in resolved endophthalmitis.

Long-term efficacy of early infliximab-induced remission for refractory uveoretinitis associated with Behçet's disease (*see page 1525*)
Analysis of 16 Behçet's disease patients showed that initiation of infliximab therapy within 18 months of uveoretinitis onset was more effective in maintaining good long-term (>5 years) visual acuity than initiation of this therapy later than 18 months.

Intra-session repeatability and inter-session reproducibility of peripapillary OCTA vessel parameters in non-glaucomatous and glaucomatous eyes (*see page 1534*)
Peripapillary vessel parameters of optical coherence tomography angiography in non-glaucomatous and glaucomatous eyes were highly repeatable and reproducible, though repeatability and reproducibility for commercially developed OCTA parameters were higher than that for custom OCTA parameters.

Referenced scans improve the repeatability of optical coherence tomography angiography measurements in normal and glaucoma eyes (*see page 1542*)
Coefficient of repeatability of peripapillary perfusion density measurements (range: 2.0% to 4.1%) on non-referenced scans were significantly higher (higher variability) than that on referenced scans (range: 1.4% to 2.7%)

Deep learning for automated glaucomatous optic neuropathy detection from ultra-widefield fundus images (*see page 1548*)
Ultra-widefield fundus images were successfully used to accurately detect glaucomatous optic neuropathy in an automated fashion by deep learning.

Dual-input convolutional neural network for glaucoma diagnosis using spectral-domain optical coherence tomography (*see page 1555*)
Dual-input convolutional neural network, as trained by both retinal nerve fibre layer and ganglion cell-inner plexiform layer thickness map data, showed a high diagnostic ability for discriminating early-stage glaucoma from normal subjects.

Outcome of trabeculectomy versus Ahmed glaucoma valve implantation in the surgical management of glaucoma in patients with Sturge-Weber syndrome (*see page 1561*)
Although the Ahmed glaucoma valve implant had a higher success rate than trabeculectomy, both procedures seem to be effective and relatively safe for surgical management of glaucoma in patients with Sturge-Weber syndrome.

Lifetime visual outcomes of patients undergoing trabeculectomy (*see page 1566*)
In patients with glaucoma a trabeculectomy prevents further glaucoma related vision loss during their lifetime in most patients. Most vision loss is due to other ocular pathology.

Multicentre study of 4626 patients assessing the effectiveness, safety and burden of two categories of treatments for central retinal vein occlusion: intravitreal anti-vascular endothelial growth factor injections and intravitreal Ozurdex injections (*see page 1571*)

This large, real-world data study reveals that anti-vascular endothelial growth factor treatment for central retina vein occlusion leads to greater and sustained improvements in visual acuity, greater treatment burden and safety rates compared to Ozurdex.

Quantification of vascular and neuronal changes in the peripapillary retinal area secondary to diabetic retinopathy (*see page 1577*)

The quantitative analysis of the peripapillary area using OCT angiography allows for an sensitive and comprehensive analysis of neurovascular remodelling secondary to diabetic retinopathy.

Scotopic microperimetric sensitivity and inner choroid flow deficits as predictors of progression to nascent geographic atrophy (*see page 1584*)

Microperimetry and inner choroid flow deficits were independent predictors of the risk of progression to nascent geographic atrophy in eyes with intermediate age-related macular degeneration

Ophthalmic manifestations of myelin oligodendrocyte glycoprotein-IgG associated disorder other than optic neuritis: a systematic review (*see page 1591*)

Myelin oligodendrocyte glycoprotein (MOG)-IgG is well known to cause optic neuritis, but other ophthalmic manifestations are less well-recognised. This systematic review synthesises the literature on afferent and efferent non-isolated ophthalmic manifestations of disease associated with MOG-IgG

Adjuvant use of laser in eyes with macular retinoblastoma treated with primary intravenous chemotherapy (*see page 1599*)

Adjuvant laser in combination with intravenous chemotherapy for the treatment of retinoblastoma is safe and results in few long-term complications. Laser use is not a significant factor in determining long-term visual prognosis of children with retinoblastoma

Visual hallucinations and sight loss in children and young adults: a retrospective case series of Charles Bonnet syndrome (*see page 1604*)

This is a large retrospective case series of children and young adults experiencing Charles Bonnet syndrome in association with heterogeneous causes of sight loss. A focused history, documentation of symptoms and professional education will facilitate effective patient support

The role of the EP_2 prostanoid receptor in mediating the ultra-long lasting intraocular pressure reduction by JV-GL1 (*see page 1610*)

A single application of JV-GL1 lowers intraocular pressure for 1 to 2 weeks in non-human primates but the underlying pharmacology is unknown. Using gene knock-out mice, we show that the ocular hypotensive effect of JV-GL1 is entirely mediated by the EP_2 receptor.