



Highlights from this issue

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Keith Barton , James Chodosh , Jost B Jonas , *Editors in Chief***Using incognito standardised patients to evaluate quality of eye care in China (see page 311)**

Employing incognito standardised patients to evaluate refractionists at 133 randomly-selected optical facilities in western China revealed inaccurate refraction (≥ 1.0 diopter of inaccuracy in 25.6%) and missed examinations (vision measured in $< 70\%$ of participants).

Epidemiology of 2000 Chinese uveitis patients from Northeast China (see page 317)

The authors report a slight female preponderance, with a slightly higher age of onset. Anterior uveitis and panuveitis were the most reported. Uveitic episodes were reported frequently in the autumn and winter.

Intraocular leukocyte subpopulations analysis by multiparametric flow cytometry in human uveitis (see page 322)

On intraocular fluid analysis by flow cytometry, T cells were observed to be the main intraocular cells in most samples in human uveitis.

12-year analysis of incidence, microbiological profiles, and in vitro antimicrobial susceptibility of infectious keratitis: the Nottingham infectious keratitis study (see page 328)

The incidence of infectious keratitis was estimated at 34.7 per 100,000 people/year in Nottingham (UK), with *Pseudomonas aeruginosa* being the most common organism. A low rate of antimicrobial resistance was observed among the isolated organisms.

Presentation, surgery and 1-year outcomes of childhood cataract surgery in Tanzania (see page 334)

54% of children with bilateral-cataract achieved better-eye visual acuity of 0.48 Log-MAR or better at one year. Preoperative blindness and nystagmus/strabismus predicted poor visual-outcome. Anaemia and low body-weight were common in children with non-traumatic cataracts.

Novel p.G1344E mutation in FBN1 is associated with ectopia lentis (see page 341)

This study identified a Chinese dominant family caused by a novel heterozygous

missense mutation c.4031 G>A/p.Gly1344Glu in exon 33 of FBN1. This mutation led to late-onset isolated ectopia lentis with minor skeletal involvement (hallux valgus).

Long term effect of YAG laser iridotomy on corneal endothelium in primary angle closure suspects: a 72-month randomised control study (see page 348)

In this randomised controlled trial, minimum clinically significant differences in endothelial cell loss were observed between laser peripheral iridotomy-treated eyes and unoperated eyes after 72 months. The effect of ageing appeared to be the main cause of longitudinal endothelial cell loss.

Comparison of macular structural and vascular changes in neuromyelitis optica spectrum disorder and primary open-angle glaucoma: a cross-sectional study (see page 354)

Neuromyelitis optica spectrum disorder and primary open angle glaucoma are associated with different patterns of macular structural and microvasculature dysfunction, which can be effectively evaluated using optical coherence tomography angiography.

Morphological characteristics of parapapillary atrophy and subsequent visual field progression in primary open-angle glaucoma (see page 361)

Glaucomatous eyes with irregular margin of beta-zone parapapillary atrophy (PPA) showed a higher risk of visual field progression relative to those with a regular margin of PPA. Irregular PPA margin might be associated with vulnerability to glaucomatous damage.

Determinants of lamina Cribrosa depth in healthy Asian eyes: the Singapore epidemiology eye study (see page 367)

The depth of the lamina cribrosa was influenced by age, gender, race, axial length, retinal nerve fibre layer thickness, choroidal thickness, vertical cup-disc ratio and disc size in Asian eyes.

Henle fibre layer haemorrhage: clinical features and pathogenesis (see page 374)

Haemorrhage in Henle's fibre layer is characterised by deep petaloid-shaped, retinal haemorrhages with feathery edges localised to the Henle's fibre layer. This

may result from systemic or local retinal vascular pressure abnormalities or from choroidal vascular disorders.

Rate of visual field decay in glaucomatous eyes with acquired pits of the optic nerve (see page 381)

The presence of APON in POAG patients is associated with focal and fast rates of Visual Field decay based on PRC, MD, VFI, and GRI methods.

Weekly and seasonal changes of intraocular pressure measured with an implanted intraocular telemetry sensor (see page 387)

Analysis of repeated intraocular pressure measurements obtained with intraocular sensors confirmed the presence of seasonal variations: pressures were significantly higher in winter compared with summer, and significantly lower on Friday, with a peak on Wednesdays.

Correlation of ocular rigidity with intraocular pressure spike after intravitreal injection of bevacizumab in exudative retinal disease (see page 392)

Ocular rigidity (OR) can predict the magnitude of intraocular pressure (IOP) elevation following intravitreal injections. OR measurement can identify patients at risk of large IOP spikes, permitting a personalised management of side effects.

Factors affecting the diagnostic performance of Circumpapillary retinal nerve fibre layer measurement in glaucoma (see page 397)

Diagnostic performance was influenced by severity of disease and myopia in this large-scale study of retinal nerve fibre layer measurements in glaucoma. These findings show the need to interpret diagnostic accuracy in view of the underlying characteristics of the subjects.

iOCT-assisted macular hole surgery: outcomes and utility from the DISCOVER study (see page 403)

Intraoperative OCT imaging provided valuable feedback and altered surgical manoeuvring in macular hole repair surgery. Rates of successful macular hole closure with intraoperative OCT feedback was quite high.

Impact of contact versus non-contact wide angle viewing systems on outcomes of primary retinal detachment repair (PRO study report number 5) (see page 410)

Both contact-based and non-contact-based viewing systems have excellent outcomes in terms of single surgery success for retinal detachment repair by pars plana vitrectomy alone or in combination with scleral buckle.

Two-year interim safety results of the 0.2 µg/day fluocinolone acetonide intravitreal implant for the treatment of diabetic macular oedema: the observational PALADIN study (see page 414)

The PALADIN study shows 0.2 µg/day fluocinolone acetonide intravitreal implant has clinical value in a real-world setting, reducing retinal thickness and preserving visual acuity, while maintaining

stable intraocular pressure, for managing diabetic macular oedema.

Role of socio-economic factors in visual impairment and progression of diabetic retinopathy (see page 420)

Both poor area and person-level (income and housing) are significantly and independently associated with the incidence and progression of diabetic retinopathy and associated visual impairment.

Comparison of retinal vessel diameter measurements from swept-source OCT angiography and adaptive optics ophthalmoscope (see page 426)

Retinal vessel diameter measured from optical coherence angiography (OCTA) images was consistently wider than that measured from the adaptive optics ophthalmoscope (AOO).

Ten-year incidence and assessment of safe screening intervals for diabetic retinopathy: the OPHDIAT study (see page 432)

An extension of diabetic retinopathy screening intervals should be considered for relatively well-controlled patients with normal fundi at baseline. The present database shows less than 5% of referable DR after 2, 3 and 4 years of follow-up in type 1, type two and low-risk type 2DM patients, respectively.

Low-cost, smartphone-based frequency doubling technology visual field testing using a head-mounted display (see page 440)

A novel, low-cost smartphone-based frequency doubling technology perimeter was found to produce comparable results to the existing Humphrey Zeiss FDT for eyes with and without glaucomatous visual field loss.