Correspondence

Long-term results of Choyce anterior chamber lens implants

TO THE EDITOR, British Journal of Ophthalmology

SIR, I am grateful to Mr J. L. Pearce for finding the time and taking the trouble to examine my patients in 1971 and to write the paper which you, Sir, were good enough to publish (Pearce, 1975). On p. 101, under the heading 'Less serious corneal changes', Mr Pearce lists 9 cases (13-2%) exhibiting areas of corneal oedema mainly in relation to the feet of the implant, illustrated by a figure on p. 102. Mr Pearce expressed the opinion that with the passage of time these changes could progress to frank corneal decompensation, thus increasing the incidence of bullous keratopathy, which he found to be 1-5%.

Nowadays I am often questioned about the subsequent fate of these 9 patients. The facts are that 2 died within a year of their examination by Mr Pearce with their corneal pathology and visual acuity unchanged. The other 7 have all been examined within the last 6 months, and their acuity and corneal status are also unchanged. Their average age is now 76, and the average time since implantation is 12 years 8 months.

I have inserted approximately 1000 Mk VIII anterior chamber implants since the end of 1963, and my experience is that if corneal decompensation is going to occur it does so within 12 months of insertion and only rarely after longer periods of time.

Yours faithfully,

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Reference


Treatment with urokinase

TO THE EDITOR, British Journal of Ophthalmology

SIR, I would like to clarify certain remarks concerning our intravitreal injection technique as mentioned in your excellent Editorial (1977). The statement that in earlier reports up to 1-5 ml of vitreous was aspirated before injection of urokinase in an equal amount of water has been referenced to our paper (Dugmore and Raichand, 1973) by mistake. We had, in fact, described aspiration of only 0-5 ml of vitreous. I hope that the following explanation will rectify certain statements in your Editorial.

As we were the first investigators to study the role of intravitreal urokinase in the treatment of vitreous haemorrhage (Raichand, 1970), we had to develop our own technique for the study. After evolving our technique in animal eyes, in February 1971, we performed the first intravitreal injection of urokinase in a human eye (Raichand, 1971a, b). Evaluation of intravitreal urokinase was done in 1970 (Raichand, 1970) when intravitreal techniques and vitreous surgery were in their infancy. Since then the development of vitrectomy techniques has revolutionised the treatment of vitreous haemorrhage.

Contrary to the statement in your Editorial, it was a Glasgow report (Williamson and Forrester, 1972) that described intravitreal injection of 1-5 ml of urokinase without aspiration of vitreous or aqueous. We (Dugmore and Raichand, 1972) promptly questioned this report, for we were aware that technically this was impossible, and, if a large amount (1-5 ml) of vitreous was aspirated, improvement in visual acuity could also be attributed to this element of vitreous 'exchange'.

From our animal studies we had realised that it is practically impossible to inject even small quantities of urokinase in the eye without raising the intraocular pressure to a very high level and developing a severe reaction in the anterior chamber. Even anterior chamber paracentesis did not reduce the severe anterior chamber reaction; moreover, the amount of fluid that can be drained from the anterior chamber is about 0-25 ml. For
this reason we chose at that time to aspirate the vitreous.

Sincerely,

MOTILAL RAICHAND

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References


Notes

Cosmetic surgery

The Department of Ophthalmology of Tufts University School of Medicine will hold a course in cosmetic surgery and complicated ectropion and entropion surgery on 12 May 1978. Registration fee $100. Details from Office of Continuing Education, Tufts University School of Medicine, 136 Harrison Avenue, Boston, USA.

Ophthalmic Microsurgery

Two courses in ophthalmic microsurgery will be held at Moorfields Eye Hospital (City Road branch) in 1978—the first on 7, 8, and 9 June, the second on 25, 26, and 27 October. They will be conducted by the Department of Clinical Ophthalmology and will be practical courses concerning the application of the operating microscope to common ophthalmic surgical procedures. Applications are invited from consultants, senior registrars, or those overseas holding equivalent positions. Applications for the June course should be received by 28 April. Application forms and further details may be obtained from Mrs J. F. Field, Microsurgical Course Secretary, Department of Clinical Ophthalmology, Moorfields Eye Hospital, City Road, London EC1V 2PD.

Lacrimal course

The Department of Ophthalmology of Tufts University School of Medicine will hold the fourth annual Boston Lacrimal course, newly expanded with cadaver lacrimal surgery, on 15–16 June 1978. Course director, Dr Sanford D. Hecht. Registration fee $350. Details from Office of Continuing Education, Tufts University School of Medicine, 136 Harrison Avenue, Boston, USA.

Correction

In the review of *The Ophthalmic Assistant—Fundamentals and Clinical Practice* (BJO, April 1977, p. 303), we regret that the name of one of the authors, H. A. Stein, was misspelt in the bibliographical heading.