effect of aspirin-like analgesics; and have shown that low doses of aspirin, paracetamol, and ibuprofen are associated with the protective effect. In that study we have used log-linear and logit analysis to show that each of these three drugs is associated independently with the protective effect. Low doses of these drugs were associated with a halving of the risk of cataract.

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References

Perfluoropropane

Sir, We should like to report a case where the intraocular gas, perfluoropropane (C₃F₈), was used to reform a flat anterior chamber occurring after fistulising surgery. The technique may be of value to others facing this problem.

A 68-year-old man underwent routine trabeculectomy. From the first postoperative day the eye was hypotonous and the anterior chamber shallow. By the fourth day large chorioidal effusions were present and cornea-lens contact had developed.

The anterior chamber was reformed with sodium hyaluronate (Healonid) and the sclerotomy sutured tightly shut. Unfortunately by the seventh day after trabeculectomy cornea-lens contact had recurred. The anterior chamber was again reformed with sodium hyaluronate and the chorioidal effusions partly drained, but 72 hours later cornea-lens touch was present. On this occasion a bubble of 12% C₃F₈ was injected through an oblique track in the cornea into the anterior chamber without drainage of the chorioidal effusion. This concentration is non-expansile and was used in sufficient volume, approximately 0.5 ml measured in the syringe, to reform the anterior chamber.

The bubble filled the anterior chamber for five days before slowly being absorbed, so that 12 days after injection aqueous filled more than half the chamber. Nineteen days after injection aqueous completely filled the anterior chamber, the chorioidal effusions had disappeared, and intraocular pressure was normal. A single small anterior synechia persisted above.

Axial measurements of corneal thickness taken from the time of insertion of C₃F₈ showed a gradual thinning, from 0.75 mm to the 0.65 mm of the unoperated eye 12 days after injection. The anterior lens capsule has developed a localised opacity and reduplication of the capsule. This may be related to the episodes of cornea-lens touch or the C₃F₈.

Chorioidal effusions after fistulising surgery are relatively common, and as most resolve with time treatment can be expectant. When complicated by cornea-lens touch some procedure to reform the anterior chamber is justified. Our experience with this patient demonstrates some of the deficiencies of traditional methods of reformation. The injection of gas may be an approach which will allow sufficient time for the chorioidal effusions to resolve.

Since preparing this report we have become aware of the case report by Wilson et al., and their experience would seem to agree with ours.

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References

Treatment of a retinal embolus by photocogulation

Sir, Occlusion of the retinal arterial tree by an embolus commonly results in permanent visual dysfunction despite early immediate treatment. This is in part due to failure in displacing the embolus. We report a case in which long-duration, low-intensity argon laser photocogulation was successful in melting a presumed cholesterol embolus and restoring vascular perfusion of the retina.

Case report

A 52-year-old woman presented with a seven-hour history of sudden-onset, inferior, altitudinal visual field loss and blurring of vision in the right eye. Clinical examination revealed a visual acuity of 6/9, confirmed the visual field loss, and demonstrated an embolus at a bifurcation of the superior retinal arteriole. Ocular massage, rebreathing, and intravenous acetazolamide failed to dislodge the embolus. Argon laser photocogulation was then applied directly to the embolus. Argon blue-green light was used with a 50 μm spot size set at 0.1 watt and continuous. During the laser