CORRESPONDENCE

8T cells in aqueous humour from untreated idiopathic uveitis patients

EDITOR—It is now well established that many lymphocytes are present in the anterior chamber secondary to a blood-ocular barrier breakdown, that most of them are of the T cell lineage,2 and that in some instances they are activated, as shown by the expression of membrane bound high affinity interleukin 2 receptors.2 To the best of our knowledge, however, no studies have determined whether cells bearing the y6 T cell receptor heterodimer populate the anterior intracellular fluid in both normal and pathological conditions. By using an immunofluorescence staining technique and two direct enumerating monochlonal antibodies (mAbs) (a phycoerythrin conjugated anti-CD3 (Coulter Immunology, Hialeah, FL) and a fluorescein conjugated panreactive y6 T cell reagent (anti-TCR 61; T Cell Sciences, Cambridge, MA) we carried out two colour cytofluorometric analysis (Scan, Becton Dickinson, Mountain View, CA) to evaluate the percentage of y6 T lymphocytes in the aqueous humour in 10 untreated adult patients with idiopathic anterior uveitis and in eight patients with idiopathic panuveitis. Ocular diagnoses were made on the basis of history, clinical examinations, and results of routine laboratory tests. The diagnosis was confirmed by no clinical evidence of uveitis syndromes, ocular inflammatory laboratory abnormalities. Aqueous samples for y6 T cell quantitation were obtained by aqueous paracentesis using a plastic tuberculin syringe and a 27 gauge needle. The percentage of circulating y6 T lymphocytes calculated after density gradient centrifugation of heparinised venous blood from 12 of our patients, as well as from 10 healthy control subjects was assessed in parallel and used for comparison in statistical analyses. Despite similar proportions of CD3+ lymphocytes (data not shown), the number of cells bearing the y6 T cell receptor for antigen (CD3+/TCR6 1+) was significantly higher in aqueous humour, in either the autologous or heterologous bloodstream (Table 1). Although the biological significance of y6 T cells in ocular fluids during the clinical course of idiopathic uveitis remains unclear, increased levels in the blood of subjects with some infectious diseases3 and autoimmune disorders,4 as well as in the vitreous from a patient with acute sympathetic ophthalmia5 suggest these cells may be involved in immune surveillance and/or autoreactivity. We have recently demonstrated that the y6 T lymphocytes are strongly susceptible to apoptosis induced by glucocorticoids.6 If intracellular y6 T cells play a role in the pathogenesis of idiopathic uveitis, then apoptotic signals may be one of the mechanisms by which these drugs lead to partial or complete remission of the symptoms. Supportive of this are the occasional observations in three patients with ocular complications of toxoplasmosis (two cases) and syphilis (one case) showing that y6 T lymphocytes were virtually absent in their ocular fluids.

ALBERTO BERTOTTÒ, FABRIZIO SPINOZZI, RENATO VACCARÒ
Istituto di Patologia e Clinica Medica 1, Università degli Studi di Perugia,
Polichinico-Monteluco, 0-16010 Perugia, Italy


History of ophthalmology

EDITOR—I have for some time now been very much enjoying the series ‘History of ophthalmology’ which appears in your journal, written by the estimable Fiona Roman. While not going so far as to say that it is the best thing in your columns, it certainly comes close to this and I am constantly amazed and diverted by the extraordinary pieces of information Ms Roman manages to dig up and provide to your readers.

Is it possible for us to know a little more about Ms Roman herself? Is she a historian or an ophthalmologist (or both) and may we at some point hope to see some of her articles in a more permanent form such as a book?

JOHN P LEE
62 Wimpole Street, London W1M 7DE

Reply

EDITOR—I thank John P Lee for his comments. I myself am fascinated by the detailed reports which can be found on all aspects of medical history, particularly where they give a hint of the personalities and attitudes behind them.

Manuscripts often describe completely outlandish procedures which the writer obviously finds quite matter of fact, and appears to firmly believe in. The strangeness of some of the accounts, such as having one’s hands cut off for operation for cataract in Babylonia, sometimes makes the gap between these early physicians and ourselves incomprehensible. And then, a few lines later the writer means about patient compliance or declares his colleagues’ treatments in terms we might use today, and suddenly he sounds just like us!

My specialty is not, in fact, ophthalmology, but I would describe myself as a medical writer with the eye for the occasional medical history only in the sense that it offers scope for my writing. I hope this answers the query and that readers continue to enjoy the articles.

DR FIONA ROMAN
University of Sheffield

Chronic lymphatic leukaemia in the elderly

EDITOR—We recently encountered an 82-year-old woman with stage I chronic lymphatic leukaemia (CLL) who presented 3 days after an uncomplicated cataract surgery with endophthalmitis. Streptococcus pneumoniae was cultured from the aqueous.

These patients are susceptible to bacterial infections and pneumococcal infection is known to be a particular problem.1 CLL is the common leukaemia of the elderly which means patients are likely to present for cataract surgery. We believe consideration should be given to anti-pneumococcal antibiotic prophylaxis especially in patients where the infection is considered to be a significant one. A recent case of endophthalmitis due to Streptococcus pneumoniae has been reported.2 We believe that in patients who have had endophthalmitis in the first eye or who have hypogammaglobulinaemia (IgG <50% of the lower limit of normal) additional antibiotic prophylaxis may need to be taken for the second eye. Consultation with an immunologist may be helpful as these patients can benefit from intravenous immunoglobulin. This has been shown to decrease the likelihood of infection in at risk patients.3

A HAIDER
P HASSELT
Oxford Eye Hospital, Radcliffe Infirmary, Woodstock Road, Oxford OX2 6HE


Xerophthalmia in Rwandan refugees

EDITOR—In July 1994 the influx of Rwandan refugees into the Ngara district of Tanzania was reported drastically. The newcomers were in worse general condition than previous waves of refugees. During the same period a case of