CORRESPONDENCE

Magnetic resonance imaging and the dangers of orbital foreign bodies

EDITOR,—We read with interest the letter from Kulshrestha and Misson in which they state that orbital foreign bodies are always male, usually under 50 years of age with a CRVO.1 They also found that 3% of patients had a greater than expected incidence of activated protein C resistance compared with controls. They do not state why only women were studied in a group of patients with central retinal vein occlusion.*

Hunt, in an editorial, states that screening for thrombophilia should be performed in younger patients and this was stated as being less than 50 years of age.2 However, no mention is made of why only younger patients should be screened.

What is the evidence that an increased incidence of activated protein C resistance is found only in younger patients with a CRVO? If resistance to activated protein C is congenital, why would resistance to activated protein C not be found in older patients also? The question has a great deal of significance because of who has to be screened when patients present with a central retinal vein occlusion.

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Reply

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Activated protein C resistance in central retinal vein occlusion

EDITOR,—Is it known whether resistance to activated protein C is found only in younger patients with central retinal vein occlusion (CRVO)? In the March 1996 issue of the BJO there were two papers and an editorial regarding CRVO and resistance to activated protein C. The paper by Williamson et al. studied patients, ranging in age from 27 to 87 years, with a CRVO and they found that a higher percentage of patients with CRVO had activated protein C resistance than did controls. However, I don't find anything in the article indicating that they broke the results down by age groups. They do state 'the results from patients over the age of 64 years were compared with the results from a local population study of individuals above this age' but do not report the results.

Larsson et al. reported on activated protein C resistance in a group of patients below 50 years of age with a CRVO.2 They also found that this group of patients had a greater than expected incidence of activated protein C resistance compared with controls. They do not state why only a group of patients with central retinal vein occlusion with a CRVO had activated protein C resistance.2 They did not study if resistance was congenital or familial.3 However, in 70% of cases there is a family history and this suggests that there is a familial basis to the condition.4 In young people the results of opening these questions are likely to be of more interest because of the increased incidence of central retinal vein occlusion in younger patients.5 The results from this study suggest that screening for resistance to activated protein C may be useful in younger patients.6

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Reply

EDITOR,—Three patients with activated protein C resistance in the study were spread across the age range of the cohort and were not only in the younger age group. The numbers were too small, therefore, for any meaningful correlation with age to have been discernible. However, examination of the individual cases with CRVO and APC resistance demonstrated no particular clinical pattern as was stated in the results and discussion. For APC resistance the patients were age matched case for case with controls as stated in the methods. The control group over 64 years of age mentioned by Sanborn was used to compare the results of von Willebrand factor, tissue plasminogen activator, and plasminogen activator inhibitor. It would not be difficult to envisage an increase in the prevalence of APC resistance in the young if, for example, this was associated with increased mortality at a younger age. However, although there is an association with thrombotic tendencies we are unaware that an association with increased mortality has been proved as yet.

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Reply

EDITOR,—Dr Sanborn and colleagues found it difficult to give any recommendations since there are no facts to support thrombophilia screening in patients with CRVO. We refer the older patients to their general practitioner for a medical check-up including hypertension and diabetes. In these patients we do not perform a thrombophilia screening. In younger patients who do not have hypertension, diabetes, or glaucoma, it is more likely that their CRVO is caused by an error in the coagulation system, and that is why we do perform a thrombophilia screening, including activated protein C resistance in these patients.


Reply

EDITOR,—Dr Sanborn raises queries about screening for activated protein C resistance (APCR) and other thrombophilic defects in older patients with central retinal vein thrombosis (CRVO). The editorial comments were confined to younger patients because, as Dr Sanborn noted, the association between APCR and CRVO has been established fully only in younger patients. Clearly, clinical studies of the prevalence of APCR in older patients are needed.

Furthermore, the main purpose of a screening test is to alter clinical management. If APCR was found associated with RVO, the next step would be to consider oral anticoagulant therapy, which is of unknown benefit in this situation. As the main complication of oral anticoagulants is bleeding, and the risk of bleeding increases in those over 65,1 I was reluctant to encourage their use in older patients until we know more about the utility of oral anticoagulants in patients with CRVO.

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