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doctor, the choice of the particular treatment of dacryocystorhinostomy is the enormous heterogeneity in patient selection criteria, including the utilisation of laser assisted dacryocystorhinostomy, approach, equipment, methods, statistics, and follow up criteria. Obviously the results will be different in an identical patient, following post nasal stenosis in a child compared with a chronic inflammatory process due to degenerative changes of the lids and the lacrimal apparatus with superinfection in an old patient with rosacea and an extended fibrotic scar of the lacrimal system.

Thus, randomised and controlled prospec- tive trials with a well defined standardised protocol are needed. We must define patient inclusion and exclusion criteria. Indications to specific surgical and surgical methods must be determined. It is not helpful to compare the treatment of different patients with different diseases treated with different surgical methods. We must define what particular method is the result of what particular disease. There is no doubt, that the external dacryocystorhinostomy (Toti) as well as the endo- nasal approach (West) are the most fre- quently used with the highest success rates. The indications when to use a Toti or a West procedure are well established among oph- thalmologists and ENT surgeons. There is no doubt that laser assisted dacryocystorhinostomy will find its place in lacrimal system occlusion surgery; the question is what method is best to use for pathology in which patient at what price?

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experienced an elevation: in one patient the elevation was considered a normal diurnal variation [47 year old male, dosage 80 mg/day, examined at 2 months], in a second patient the elevation was felt to be related to angle closure [59 year old male, dosage 80 mg/day, examined at 12 months], and the fourth patient had a 1 mm Hg rise with no probable extenuating circumstances [26 year old female, dosage 80 mg/day, examined at 2 months].

At present, reports of suspected adverse events with fluoxetine have identified a total of 63 cases of “glaucoma” in an estimated population of 21 million (Dista Products Limited, personal communication). The manufacturers of paroxetine are aware of four cases of AACG, six of “glaucoma” (unspecified), and one of raised IOP, in a UK patient population of over one million (SmithKline Beecham Pharmaceuticals, personal communication).

These data indicate that our understanding of the effect of SSRIs on IOP is still unclear. The demonstration of a short term IOP rise after a single fluoxetine dose implies that chronic therapy leads to a sustained elevation of IOP. However, the manufacturer’s own data suggest that this is not the case, in that less than 1% of patients showed any IOP change after treatment. The low incidence of reported glaucoma with SSRIs does not exclude a real effect: many clinicians may not suspect a particular drug to be a contributory factor when diagnosing a particular condition, especially if a causal relation has not been suggested in the literature. This is particularly true of open angle glaucoma, which is common and usually idiopathic, and of AACG, which is rarer but occurs in anatomically predisposed eyes.

We feel that this area merits further study and clarification, particularly regarding the effect of long term SSRI administration on IOP. In the meantime, we would encourage colleagues to report cases of glaucoma or raised IOP, which should be associated with SSRIs to the Committee on Safety of Medicines.

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SUSAN CARR
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by suicide.' Alternative treatments with other antidepressants are generally less well tolerated, especially in the elderly. Despite the possibility of raised intraocular pressure the risk/benefit ratio will almost always favour treating depression with the optimum agent. Until the real e...
2nd International Conference on Ocular Infections

The 2nd International Conference on Ocular Infections will be held on 22–26 August 1998 in Munich, Germany. Further details: Professor J Frucht-Pery, 2nd International Conference on Ocular Infections, PO Box 50006, Tel Aviv, 61500, Israel. (Tel: 972 3 5140000; fax: 972 3 5175674 or 5140077; email: ocular@kenes.com)

Vth Tuebingen Angiography Course on AMD

The Vth Tuebingen Angiography Course on AMD with stereoscopic angiography wet-lab will be held on 26–27 August 1998 at the auditorium, University Dental Clinic and University Eye Clinic, Tuebingen, Germany. Further details: Dr W Inho, University Eye Clinic, Department of Ophthalmology III, Schleichstrasse 12, D-72076 Tuebingen, Germany. (Tel: +49-(0) 7071-292968; fax: +49-(0) 7071-293746; email: ingrid.kreissig@uni-tuebingen.de)

XVI Tuebingen Detachment Course

The XVI Tuebingen Detachment Course in retinal and vitreous surgery will be held 4–5 September 1998 in Odessa, Ukraine. Further details: Professor I N Logai, Director, The Filatow Institute, 49/51 Boulevard Francois, Odessa, 270061, Ukraine. (Tel:+38-0482-22 20 35; fax: +38-0482-68 48 51.)

International Agency for the Prevention of Blindness (IAPB)

The International Agency for the Prevention of Blindness (IAPB) will hold its next general assembly in Beijing, China on 5–10 September 1998. Further details: Gullapalli N Rao, Secretary General, IAPB Secretariat, LV Prasad Eye Institute, LV Prasad Marg, Banjara Hills, Hyderabad 500 034, India. (Tel: 091-40-215389; fax: 091-40-248267; email: IAPB@lpveye.stph.net)

ICOP 98

The next International Conference in Ophthalmic Photography (ICOP) will be held on 19–21 September 1998. Further details: Mrs Gillian Bennerson, Senior Ophthalmic Photographer, Bristol Eye Hospital, Lower Maudlin Street, Bristol BS1 2LX. (Tel: 0117-928-4677.)

IV meeting of the European Society for Out-Patient Eye Surgery (ESOPES)

The IV meeting of the European Society for Out-Patient Eye Surgery (ESOPES) will be held in Vittel, France on 9–11 October 1998. Further details: Mrs Nicole Charron, Director, Palais des Congrès, Av Bouloumie, BP 57, 8802 Vittel, France. (Tel: +33 329 08 18 30; fax: +33 329 08 6601.)

Vth International Symposium on Graves’ Ophthalmopathy

The Vth International Symposium on Graves’ Ophthalmopathy will be held on 27–28 November 1998 in Amsterdam. Further details: Amsterdam Thyroid Club, Department of Endocrinology, F5-171, Academisch Medisch Centrum, Meibergdreef 9, 1105 AZ Amsterdam, Netherlands.

Singapore National Eye Centre

The 3rd SNEC international meeting and 11th international meeting on cataract, implant, microsurgery and refractive keratoplasty (ICIMRK) will be held at the Shangri-La Hotel, Singapore on 28–30 November 1998. Further details: Organising Secretariat, 3rd SNEC International Meeting and 11th ICIMRK, Singapore National Eye Centre Pte Ltd, 11 Third Hospital Avenue, Singapore 168751. (Tel: (65) 2277-255; fax: (65) 2277-2901)

Ophthalmic technologies

The 9th Ophthalmic Technology Conference will be held on 23–24 January 1999 during the International SPIE symposium on biomedical optics. Further information: The SPIE Organisation, PO Box, Bellingham, WA 98227-0010, USA. (Fax: (+1) 360-647-1445; email: www:spie.org/info/pw)

Laser eye injuries

A conference on the epidemiology, prevention, diagnosis, and therapy of laser eye injuries will be held in San Jose, California on 25–26 January 1999 during the International SPIE symposium on biomedical optics. Further information: The SPIE Organisation, PO Box, Bellingham, WA 98227-0010, USA. (Fax: (+1) 360-647-1445; email: www:spie.org/info/pw)

XII Congress European Society of Ophthalmology

The XII Congress European Society of Ophthalmology will be held in Stockholm, Sweden on 27 June–1 July 1999. Further details: Congress (Sweden) AB, PO Box 5819, S-114 86 Stockholm, Sweden. (Tel: +46 8 459 66 00; fax: +46 8 661 91 25; email: soe@congrex.se; http://www.congrex.com/soe/)