Correspondence to: Dr Kuhn

Prophylactic scleral buckle for prevention of retinal detachment following vitrectomy for macular hole

EDITOR,—Chang et al1 deserve credit for calling attention to one of the most serious complications following macular hole surgery—retinal detachment.

Occurring in typically 4% to 7% (1–18%) of such eyes, retinal detachment usually results in a final visual acuity significantly lower than in eyes without such complication, even if surgery to reattach the retina is successful. Prophylaxis of retinal detachment remains a therapeutic goal.

Certain precautions such as careful peeling of the still attached posterior hyaloid face and careful inspection of the retinal periphery with scleral indentation before fluid-air exchange are useful in reducing the rate of postoperative retinal detachment. Having been alerted to the unexpected frequency of this complication, however, such precautions are already observed by most surgeons performing macular hole repair. Additional preventive measures are warranted for those continuing to experience retinal detachment despite careful techniques.

Since scleral buckling has been found by some authors to reduce the incidence of retinal detachment in trauma,1 while others have not identified it as effective or necessary,2 an encircling band is useful in reducing, if not preventing, retinal detachment at the vitreous base, but perhaps less effective in preventing retinal detachment in the presence of a retinal break created by a partial vitreous detachment as in case of macular hole surgery. Indeed, the authors’ incidence of retinal detachment in eyes despite placing a prophylactic buckle was still 5.9%, a figure most surgeons would consider rather high. In addition, an encircling band has certain morbidity that cannot be ignored. In a prospective study3 comparing prophylactic buckle and no buckle for macular hole repair, complications were more frequent in the buckle group than in the no buckle group, including reduced visual acuity.

In conclusion, prophylactic scleral buckling for macular hole surgery—particularly when combined with vitreolysis and internal limiting membrane peeling—remains a useful adjunct to surgical management of macular hole. Additional prospective studies are needed to determine the optimal use of this technique.

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Membrane formation in the chamber angle after failure of argon laser trabeculoplasty

EDITOR,—I read with interest the article by Koller and co-workers,1 in which the authors investigated causes and risk factors for membrane formation in the anterior chamber angle after argon laser trabeculoplasty (ALT). In their discussion the authors conclude that ALT and especially repeated ALT represent a risk for late formation over the trabecular meshwork, which leads to late failure of ALT. They suggest that both repeated ALT, anterior chamber inflammation and immediate intraocular pressure (IOP) spikes after ALT are induced by the same mechanism—that is, laser induced inflammation.

I agree with the authors that the use of ALT in certain patients with primary open angle glaucoma is a possible factor for subacute and late membrane formation over the trabecular meshwork. In a retrospective study2 in which the duration of success (IOP <22 mm Hg after treatment) was investigated we found that the length of success was significantly shorter in eyes which received no topical anti-inflammatory medication after ALT treatment. We also observed that the use of ALT is associated with the development of a more pronounced anterior chamber reaction observed as a secondary angle closure.

For this reason, I suggest that topical anti-inflammatory medications should be used in all eyes undergoing ALT to reduce the risk of membrane formation. In the future, ALT should be reserved for the most responsive cases with open angle glaucoma.

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REFERENCES


very similar stage before treatment. The clinical efficacy of both types of trabeculectomy was similar. The most important difference found in the eyes requiring trabeculectomy was the presence of a membrane over the trabecular meshwork after ALT and the absence of this membrane after Nd:YAG laser trabeculoplasty in the same patients. These findings suggest that the type of laser or its thermal effect are also important factors when the causes of late failure are discussed.

In contrast with the authors’ opinion, I do not think that immediate IOP spikes 1 or 2 hours after ALT are caused by prostaglandins or inflammation. In clinical studies it was clearly shown that either topical corticosteroid or inflammation in the early IOP spike though both types of treatments did reduce the inflammation after ALT. This clearly shows that late and not early IOP elevations are caused by different mechanisms. Recently it was shown that the trabecular meshwork contains contractile elements which are contracted by endothelin-1 (ET-1). The contraction causes a decrease of the outflow and a resulting IOP elevation. Lower ET-1 concentration, however, may induce relaxation via endothelin B receptors. In experimental studies’ exogenous ET-1 injected into the anterior chamber causes the typical biphasic IOP alterations we experience after ALT in clinical praxis: an immediate spike is followed by a prolonged (10–15 days) pressure decrease. Long term IOP decrease on the treated but not on the sham eyes of the same animals. These findings suggest that the acute pressure spike after ALT is caused by a mechanism different from that of the long term pressure elevation: the latter is promoted by inflammation while the former maybe caused by acute endothelin release from the damaged uveal tissue.

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NOTICES

Community participation in eye health and trachoma and the SAFE strategy
The latest issues of Community Eye Health (nos 31 and 32) discuss community participation in eye health (issue 31) and trachoma and the SAFE strategy (issue 32). For further information please contact Community Eye Health, International Centre for Eye Health, Institute of Ophthalmology, 11–43 Bath Street, London EC1V 9EL. Tel: (+44) 171 608 6909/6910/6923; fax: (+44) 171 250 3207; email: eyeresource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

Residents’ Foreign Exchange Programme
Any resident interested in spending a period of up to one month in departments of ophthalmology in the Netherlands, Finland, Ireland, Germany, Denmark, France, Austria, or Portugal should apply to: Mr Robert Acheson, Secretary of the Exchange Committee, European Board of Ophthalmology, Institute of Ophthalmology, University College Dublin, 60 Eccles Street, Dublin 7, Ireland.

International Strabismological Association
The International Strabismological Association (ISA) has established fellowships for training in strabismus and paediatric ophthalmology, supported by SUS 10 000 each. Further details: Secretary/Treasurer ISA, Derek T Sprunger, MD, Indiana University School of Medicine, 702 Rotary Circle, Indianapolis, Indiana 46202-5175, USA. The last day of application is 15 June 2000 (tel: (317) 274-1214; fax: (317) 274-1111).

13th Annual Meeting of German Ophthalmic Surgeons
The 13th annual meeting of German Ophthalmic Surgeons will be held on 15–18 June 2000 at the Meistersingerhalle, Nuremberg, Germany. Further details: MCN Medizinische Congress-organisation Nuremberg, AG, Zerzabelshofstrasse 29, D-90478 Nuremberg, Germany (tel: +49-911-3931621; fax +49-911-3931620; email: doerflinger@mcn-nuernberg.de).

XXXIV Nordic Congress of Ophthalmology
The XXXIV Nordic Congress of Ophthalmology will be held in Reykjavik, Iceland, 18–21 June 2000. This meeting celebrates the 100 year anniversary of the Nordic Ophthalmology Conference. Further details: Iceland Incentives Inc, Hambrorg 1–3, Is-Kopavogur, Iceland (tel: +354 554 1400; fax: +354 554 1472; email: incentiv@it.is).

British Ophthalmic Photographic Association

Joachim Kuhlmann Fellowship for Ophthalmologists 2000
The Joachim Kuhlmann AIDS Foundation, Eisen, Germany, is sponsoring two fellowships per year for ophthalmologists at a well known institute, who want to train in CMV retinitis and other HIV related ophthalmological diseases. The fellowships are valued at SUS5000 each. Deadline for application is 31 July. Detailed applications, forthcoming meeting and publication list, should be sent to the Joachim Kuhlmann AIDS Foundation, Bismarckstrasse 55, 45128 Essen, Germany (tel: 0201 87910-87; fax: 0201 87910-99; email: jk-stiftung@e-online.de).

DBR-2000, International Forum on Diabetic Retinopathy
The International Forum on Diabetic Retinopathy will take place on 7–9 September 2000 at the Palazzo Reale, Naples, Italy. Further details: Francesco Bandello, Congress Secretariat, MGR Congressi, Via Servio Tullio, 4, 20123 Milano, Italy (tel: 39 02 430071; fax: 39 02 48008741; email: dr2000@mgm.it).
VIII Tuebingen Angiography course
The VIII Tuebingen Angiography course with wet lab will take place on 9 September 2000 in the auditorium, University Eye Clinic, Schleichstrasse 12, 72076 Tuebingen, Germany. Further details: WIT - Wissenstransfer, Universitat Tübingen (tel: ++49 7071-29 76439; fax: ++49 7071 29 5051; email: wit@uni-tuebingen.de/wit).

30th Cambridge Ophthalmological Symposium
The 30th Cambridge Ophthalmological Symposium entitled “The Ageing Macula” will be held on 13–15 September 2000 at St John’s College Cambridge. Chairman: Professor Alan Bird. Further details: COS Secretariat, Cambridge Conferences, The Lawn, 33 Church Street, Great Shelford, Cambridge CB2 5EL (tel: 01223 847464; fax: 01223 847465; email: b.ashworth@easynet.co.uk).

European Association for Vision and Eye Research (EVER)
The European Association for Vision and Eye Research (EVER) will be meeting on 4–7 October 2000 in Palma de Mallorca, Spain. Further details: Secretariat EVER, Postbus 74, B3000 Leuven, Belgium (fax: +32 16 33 67 85; email: EVER@med.kuleuven.ac.be).

Fifth Annual Meeting of the Association for Ocular Pharmacology and Therapeutics
The Fifth Annual Meeting of the Association for Ocular Pharmacology and Therapeutics will be held on 2–5 November 2000 in Birmingham, AL, USA. Further details: Jimmy D Bartlett, OD, Department of Optometry, University of Alabama at Birmingham, 1716 University Blvd, Birmingham, AL 35294-0010, USA (tel: 205-934-6764; fax: 205-975-7052; email: jbartlett@icare.opt.uab.edu).

12th Afro-Asian Congress of Ophthalmology
The 12th Afro-Asian Congress of Ophthalmology (Official Congress for the Afro-Asian Council of Ophthalmology) will be held on 11–15 November 2000 in Guangzhou (Canton), China. The theme is “Advances of ophthalmology and the 21st century.” Further details: Professor Lezheng Wu, Zhongshan Eye Center, SUMS, New Building, Room 919, 54 Xianlie Nan Road, Guangzhou 510060, PR China (tel: +86-20-8760 2402; fax: +86-20-8777 3370; email: lwucv@gzsums.edu.cn).

Singapore National Eye Centre 10th Anniversary International Congress
The Singapore National Eye Centre 10th Anniversary International Congress will be held in conjunction with 3rd World Eye Surgeons Society International Meeting on 2–4 December 2000 at the Shangri-La Hotel, Singapore. Further details: The Organising Secretariat, 11 Third Hospital Avenue, Singapore 168751 (tel: (65) 2277235; fax: (65) 2277290; internet: www.sneec.com.sg).

The Hong Kong Ophthalmological Symposium ’00
The Hong Kong Ophthalmological Symposium ’00 will be held 4–5 December 2000, in Hong Kong, China. Further information: Miss Vicki Wong, Room 802, 8/F Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong (tel: (852) 2761 9128; fax: (852) 2715 0089; email: cohk@netvigator.com).

Contributors please note:
Communications from all countries except the UK and Republic of Ireland should be sent to Professor C Hoyt, Editor, British Journal of Ophthalmology, University of California, Department of Ophthalmology, 10 Kirkham Street, K 301, San Francisco, CA 94143-0730, USA (tel: 001 415 502-6871; fax: 001 415 514-1512).

Manuscripts from the UK and the Republic of Ireland should be sent to Professor Andrew Dick, UK Editor, British Journal of Ophthalmology, Division of Ophthalmology, University of Bristol, Lower Maudlin Street, Bristol BS1 2LX (tel: 0117 928-4827; fax: 0117 925-1421).