
MAILBOX

Acute posterior vitreous detachment

EDITOR,—We read Tanner *et al*'s paper on the predictive value of vitreous pigment (Schaffer's sign) for retinal breaks in posterior vitreous detachment¹ with great interest. Based on their figures, patients who have a negative Schaffer's sign had a 1% chance of having a retinal tear or hole and a 0.5% chance of having a lesion where prophylaxis was thought to be appropriate. Thus, Schaffer's sign has a negative predictive value of 99% in their series. They go on to recommend that if vitreous pigment is present then the patient should be referred for urgent vitreoretinal opinion while those with no pigment should be referred on a less urgent basis.

We would like to put these findings in perspective. The incidence of retinal breaks in patients aged 10 years or more who do not have any history of ocular disease is 6–14%.² Retinal breaks have been found in 37/250 (14.8%) of necropsy eyes with posterior vitreous detachment by Foos.³ The incidence of retinal detachment is approximately 12/100 000 of the general population per year.⁴ This suggests that less than 0.2% people with a retinal break eventually have a detachment of the retina. This value may be higher in patients with a symptomatic posterior vitreous detachment; however, it is reasonable to conclude that only a minority of retinal breaks will go on to cause a retinal detachment. Prophylactic treatment of retinal breaks by laser or cryotherapy is not without complications; also detachments can occur in eyes that have had prophylactic treatment.⁵ Byer has reported that retinal breaks in unoperated eyes with posterior vitreous detachment that need treatment can be followed up without treatment, with only a minority progressing to retinal detachments.⁶

We have a test that has a negative predictive value of 99%. We know that only a minority of patients who have a retinal tear or hole actually benefit from prophylactic treatment. Can we still justify referring all patients with a posterior vitreous detachment and no vitreous pigment for a specialist examination or even a follow up examination in the light of this knowledge?

The appropriate recommendation would be that all patients presenting with posterior vitreous detachment, no vitreous pigment, and no retinal tears or holes at initial examination can be safely discharged with an explanation of the warning symptoms which should prompt the patient to reattend.

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- 1 Tanner V, Harle D, Tan J, *et al*. Acute posterior vitreous detachment: the predictive value of vitreous pigment and symptomatology. *Br J Ophthalmol* 2000;**84**:1264–8.
- 2 Byer NE. Clinical study of retinal breaks. *Trans Am Acad Ophthalmol Otolaryngol* 1967;**71**:461–73.
- 3 Foos RY. Posterior vitreous detachment. *Trans Am Acad Ophthalmol Otolaryngol* 1972;**76**:480–97.
- 4 Haiman MH, Burton TC, Brown CK. Epidemiology of retinal detachment. *Arch Ophthalmol* 1982;**100**:289–92.
- 5 Schroeder W, Baden H. Retinal detachment despite preventive coagulation. *Ophthalmology* 1996;**93**:144–8.

- 6 Byer NE. What happens to untreated asymptomatic retinal breaks, and are they affected by posterior vitreous detachment. *Ophthalmology* 1998;**105**:1045–9.

Reply

EDITOR,—We thank Gupta and Prasad for their interest and comments on our recent paper.¹ We agree that the majority of retinal breaks probably do not progress to cause retinal detachment but suggest caution in the interpretation of data relating to asymptomatic rather than symptomatic tears, the latter having been shown to be associated with subsequent retinal detachment in approximately 30% of cases.² It is the management of recent onset, symptomatic posterior vitreous detachment (PVD) and associated retinal breaks which we addressed in our study. The rationale for treating fresh, symptomatic retinal breaks has been reviewed by numerous authors and is best summarised in the recent preferred practice pattern document produced by the American Academy of Ophthalmology.³

The purpose of our study was to provide help to those practitioners seeing large numbers of patients with acute PVD, but who do not feel confident in the use of indentation ophthalmoscopy. The presence of vitreous pigment in patients presenting with acute PVD is indeed highly predictive of the presence of a retinal break, but a thorough retinal examination is still necessary.

In our series only one patient represented with a retinal break which had not been identified during initial indentation ophthalmoscopy. We agree that no routine follow up examination is required in most cases, provided a retinal break has been confidently excluded with indentation ophthalmoscopy and the PVD is judged to be complete, but that patients should be warned to reattend if further symptoms occur.⁴

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- 1 Tanner V, Harle D, Tan J, *et al*. Acute posterior vitreous detachment: the predictive value of vitreous pigment and symptomatology. *Br J Ophthalmol* 2000;**84**:1264–8.
- 2 Davies MD. Natural history of retinal breaks without detachment. *Arch Ophthalmol* 1974;**92**:183–94.
- 3 American Academy of Ophthalmology. *Management of posterior vitreous detachment, retinal breaks and lattice degeneration. Preferred practice pattern*. San Francisco: AAO, 1997.
- 4 Richardson PS, Benson MT, Kirkby GR. The posterior vitreous detachment clinic: do new retinal breaks develop in the six weeks following an isolated symptomatic posterior vitreous detachment? *Eye* 1999;**13**:237–40.

BOOK REVIEW

Anterior Segment Intraocular Inflammation (ASII): Guidelines. Eds BenEzra D, Ohno S, Secchi AG, Ali JL. Pp 216; £35. London: Martin Dunitz, 2000. ISBN 1853179604.

Anterior uveitis is an important and common cause of ocular morbidity. Drs BenEzra, Ohno, Secchi, and Ali along with their contributors, Drs De Kozak, Forrester,

Caspers-Velu, LeHoang, McCluskey, Okada, and Whitcup provide a comprehensive yet concise summary of this field in their recently released text, which was prepared under the auspices of the International Ocular Inflammation Society. Each of the eight chapters contained in this book are clearly written, well referenced, and accompanied by a number of very nice tables and illustrations, many of which are in full colour. Although by no means encyclopaedic, this manual includes excellent overviews of the clinical characteristics of all of the important causes of anterior uveitis, as well as systematic approaches to diagnosis, treatment, and surgery in patients with anterior uveitis.

EMMETT T CUNNINGHAM, JR

NOTICES

Vision 2020: cataract outcomes

The latest issue of *Community Eye Health* (35) discusses cataract surgery outcome. 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) (0) 20-7608 6909/6910/6923; fax: (+44) (0) 7250 3207; email: eyesource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

Second Sight

Second Sight, a UK based charity whose aims are to eliminate the backlog of cataract blind in India by the year 2020 and to establish strong links between Indian and British ophthalmologists, will be sending volunteer surgeons to India early in 2001. Details can be found at the charity website at www.second-sight.org.uk or by contacting Dr Lucy Mathen (email address lucymathen@yahoo.com).

Office of Continuing Medical Education

A symposium "Randomised trials in ophthalmology: past, present, future" will be held 2–3 April 2001 at the Thomas B Turner Building, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA. Further details: Johns Hopkins University School of Medicine, Office of Continuing Medical Education, Turner 20, 720 Rutland Avenue, Baltimore, MD 21205-2195, USA (tel: (410) 955-2959; fax: (410) 955-0807; email: cmenet@jhmi.edu).

XXV Detachment Course

The XXV Detachment course, retinal and vitreous surgery, will be held in Poznan, Poland on 5–6 April 2001. Further details: Professor Krystyna Pecold, Katedra I Klinika Okulistyki, ul Długa 1/2, 61–848 Poznan, Poland (tel/fax: 004861-8527619) or Professor Ingrid Kreissig, Univ-Augenklinik, Schleichstrasse 12, D-72076 Tuebingen, Germany (fax: 49-7071-293746; email: ingrid.kreissig@uni-tuebingen.de).

Optometry 01

Optometry 01 will take place on 21–23 April 2001 with more than 100 events—lectures and workshops—at the Atrium Gallery, NEC, Birmingham, UK. Further details: tel: 0207 261 9661; email: info@Optometry01.co.uk; website: www.optometry01.co.uk.

14th Annual Meeting of German Ophthalmic Surgeons

The 14th Annual Meeting of German Ophthalmic Surgeons will be held in the Meistersingerhalle, Nuremberg, Germany on 17–20 May 2001. Further details: MCN Medizinische Congress-organisation Nuremberg AG, Zerzabelshofstrasse 29, 90478 Nuremberg, Germany (tel: ++49-911-3931621; fax: ++49-911-3931620; email: doerflinger@mcn-nuernberg.de).

European Association for the Study of Diabetic Eye Complications (EASDEC)

The next meeting of the European Association for the Study of Diabetic Eye Complications (EASDEC) will be held in Paris, France, on 19–20 May 2001. Further details: Colloquium, 12 Rue de la Croix Faubin, 75 557 Paris Cedex 11, France (tel: +33-1-44 64 15 15; fax +33-1-44 64 15 10; email: s.mundler@colloquium.fr).

2nd Interdisciplinary Symposium on the Treatment of Autoimmune Disorders 2001

The 2nd Interdisciplinary Symposium on the Treatment of Autoimmune Disorders 2001 will take place on 7–9 June 2001 at the University Hospital, University of Kiel, Kiel, Germany. Further details: Prof Dr Med Michael Sticherling, Department of Dermatology, University of Kiel, Schittenhelmstrasse 7, D-24105 Kiel, Germany (tel: +49-431 597 1512; fax: +49-431 597 1611; email: msticherling@dermatology.uni-kiel.de).

14th World Congress of the International Society for Laser Surgery and Medicine

The 14th World Congress of the International Society for Laser Surgery and Medicine is to be held on the 27–30 August 2001 at Sri Ramachandra Medical College and University Hospital, Chennai, India. The American Society of Lasers in Medicine and Surgery has indicated that it will designate the 14th World Congress of ISLSM as its society's co-sponsoring meeting. A pre-conference course and separate sessions in ophthalmology will be held as a part of this international meeting.

Further details: Dr B Krishna Rau, President, 14th World Congress of the International Society for Laser Surgery and Medicine, Department of Surgery, D2 Ward, Sri Ramachandra Medical College and Research Institute, Porur, Chennai - 600 116, India (tel: 91-44-4765856, 4768027-28, 8527776, 8594804; fax: 91-44-8594578, 4767008; email: krishnar@giasmd01.vsnl.net.in and website: www.medindia.net/islsm2001).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series

A course entitled "Obstetrical and Gynecological Ultrasound" will be held in New York City, NY, on 24–26 August 2001. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

31st Cambridge Ophthalmological Symposium

The 31st Cambridge Ophthalmological Symposium will be held 3–5 September 2001 at St John's College Cambridge. The subject is Retinal Detachment. Further details: COS Secretariat, Cambridge Conferences, The Lawn, 33 Church Street, Great Shelford, Cambridge CB2 5EL, UK (tel: 01223 847464; fax: 01223 847465; email: b.ashworth@easynet.co.uk).

1st Asia Pacific Forum on Quality Improvement in Health Care

The 1st Asia Pacific Forum on Quality Improvement in Health Care will be held from 19–21 September 2001 in Sydney, Australia. Presented by the BMJ Publishing Group (London, UK) and Institute for Healthcare Improvement (Boston, USA), with the support of the Commonwealth Department of Health and Aged Care (Australia), Safety and Quality Council (Australia), NSW Health (Australia) and Ministry of Health (New Zealand). Further details: quality@bma.org.uk; fax +44 (0) 7383 6869.

41st St Andrew's Day Festival Symposium on Therapeutics

The 41st St Andrew's Day Festival Symposium on Therapeutics will be held on 6–7 December 2001 at the Royal College of Physicians of Edinburgh. Further details: Ms Eileen Strawn, Symposium Co-ordinator (tel: 0131 225 7324; fax: 0131 220 4393; email: e.strawn@rcpe.ac.uk; website: www.rcpe.ac.uk).

4th International Conference on the Adjuvant Therapy of Malignant Melanoma

The 4th International Conference on the adjuvant therapy of malignant melanoma will be held at The Royal College of Physicians, London on 15–16 March 2002. Further details: Conference Secretariat, CCI Ltd, 2 Palmerston Court, Palmerston Way, London SW8 4AJ, UK (tel: + 44 (0) 20 7720 0600; fax: + 44 (0) 20 7720 7177; email: melanoma@confcomm.co.uk; website: www.confcomm.co.uk/Melanoma).

XXIXth International Congress of Ophthalmology

The XXIXth International Congress of Ophthalmology will be held on 21–25 April 2002 in Sydney, Australia. Further details: Congress Secretariat, C/- ICMS Australia Pty Ltd, GPO Box 2609, Sydney, NSW 2001, Australia (tel: +61 2 9241 1478; fax: +61 2 9251 3552; email: ophthal@icmsaust.com.au; website: www.ophthalmology.aust.com).

International Society for Behçet's Disease

The International Society for Behçet's Disease was inaugurated at the 9th International Congress on Behçet's Disease. Professor Shigeaki Ohno represents the ophthalmology division (Department of Ophthalmology and Visual Sciences, Hokkaido University Graduate School of Medicine, Sapporo, Japan: tel: +81-11-716-1161 (ext 5944); fax +81-11-736-0952; email: sohno@med.hokudai.ac.jp). The 10th International Congress on Behçet's Disease will be held in Berlin 27–29 June 2002. Further details: Professor Ch Zouboulis (email: zoubbere@zedat.fu-berlin.de).

CORRECTION

In the paper published in the February issue of the *BJO* (2001;85:173–8) by Newsom *et al*, there was an error in Figure 4 (p 176). The axes were wrongly labelled. The y axis should read Post-TTTa VA and the x axis should be Pre-TTT VA. We apologise for the error.