Reply

EDITOR,—I thank Van den Bosch for his interest in my paper on the role of the suborbicularis oculi fat (SOOF) lift in the rehabilitation of patients with chronic facial palsy. The aim of my paper was to describe the lateral tarsal strip (LTS) technique in conjunction with a SOOF lift in the correction of lower eyelid sag or paralytic ectropion. The use of this procedure was confined to patients in whom, preoperatively, there was persistent mid-face ptosis which could be elevated digitally, mimicking the anticipated surgical outcome. My paper did not suggest that the combination of LTS and SOOF should be used routinely for all cases of paralytic ectropion. Probably only one in four patients with chronic facial palsy would be suitable for this procedure.

Measurement of palpebral aperture and lagophthalmos used in this study provides data relating to the lower eyelid raising but not the mid-face raising. I found that the SOOF lift was best in longstanding facial palsy, such as congenital or childhood onset, where the cheek tissue was slightly atrophic and the mid-face lift sustained.

A LTS alone does not always adequately reduce lagophthalmos in facial palsy, therefore other techniques and variations of LTS are sought. Direct comparison with other series is often difficult as patient selection may differ and other confounding influences may be present. A randomised prospective trial is a counsel of perfection. It is probably inappropriate at this stage in the development of the technique, when patient selection and optimal techniques are yet to be fully determined. In practice, it is unlikely that sufficient numbers of patients would consent to take part in such a study. For a randomised study to produce accurate results both patient selection and operative technique need to be unchanged for a large number of patients.

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Impression cytology in the diagnosis of ocular surface squamous neoplasia

EDITOR,—It is pleasing to see Tole et al having success with impression cytology (IC) in the diagnosis of ocular surface squamous neoplasia (OSSN) and we thank the authors for their acknowledgment of our work.

We continue to use the small cellulose acetate strips because they offer greater sampling flexibility. However, the Biopore membrane offers the advantage that if samples are to be collected from a variety of locations and transported to the laboratory, we strongly recommend the use of the Papanicolaou stain when examining cytological preparations for this squamous neoplasm because the keratinised group offers the biggest challenge to diagnosis. Neither the Giemsa nor haematoxylin and eosin stains used by Tole et al are likely to be as helpful. Tole et al noted that the accuracy of IC in their hands is very similar to that quoted in our original publication and their results are also similar to our later report on a much larger group of intraepithelial and invasive histologically confirmed cases. It seems reasonable to assume that both cellulose acetate strips and the Biopore membrane are equally efficient at sampling the ocular surface if the lesion is easily accessible.

The difficulty in interpretation of these specimens caused by the paucity of literature relating to cytological criteria is noted by Tole et al. A recent publication on the cytology of OSSN is helpful. It describes the cytological diversity seen in histologically confirmed impressions from 152 different patients including 23 with invasive SCC of the ocular surface.

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BOOK REVIEW


This excellent concise text covering the field of glaucoma is the latest in the Fundamentals of Clinical Ophthalmology series of monographs written for ophthalmologists in training and comprehensive practitioners. The stated goal of this collection is to provide updated, practical clinical advice on each subject. Dr Hitchings has successfully fulfilled this aim by drawing upon the clinical expertise of notable glaucomatologists in the UK and around the world.

A majority of the text has been dedicated to the diagnosis and management of primary open angle glaucomas. In the first chapter, “What is primary open angle glaucoma?” Dr Hitchings gives the history of how POAG came to be understood by its current concepts. He also sets the philosophical tone for much of the remainder of the book by describing the present imperfections in determining progression and treatment needs. Subsequent chapters on epidemiology, clinical screening, and genetic screening are concise and well researched. The chapters describing the clinical features of glaucoma—optic disc features, glaucoma perimetry, and intraocular pressure—are well written and provide useful guidelines for assessing each aspect’s role in glaucoma. Medical and surgical treatment options are covered in chapters 8–11. A must read for ophthalmologists in training is Dr George Spaeth’s chapter on “Principles of treatment of glaucoma.” The uncertainties in determining the best course of treatment are addressed with a perspective towards the patient’s overall health and needs. The identification of glaucoma programs are discussed in two chapters, one on visual fields and the other on optic disc cupping. Both describe standard methods and more recent techniques such as scanning laser polarimetry and confocal scanning laser ophthalmoscopy.

Primary angle closure, the childhood glaucomas, and secondary glaucomas are covered in the last six chapters. All are excellently written with very good illustrations and photographs. Primary angle closure is often poorly understood among residents and general ophthalmologists. Classification, clinical features, epidemiology, mechanism, and management are presented in appropriate detail. Good quality ultrasound biomicroscopy (UBM) images effectively illustrate the various mechanisms of angle closure. The two chapters on paediatric glaucomas expertly cover the various types of glaucoma encountered in children and the many treatment options available. The final chapter is on secondary glaucomas and their treatments. Given the constraints of a single chapter, Dr Barton has done a splendid job of presenting this large and varied group of disease entities. In future editions, consideration may be given to expanding coverage of this section to two chapters.

In summary, this primer on glaucoma from the Fundamentals series is an excellent resource for those in ophthalmology training as well as general ophthalmology practice.

SHAN LIN
www.bjophthalmol.com
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, fax: 301-720-5207; email: eyeresource@ucl.ac.uk). Annual subscription £25. Free to workers in developing countries.

International Centre for Eye Health
The International Centre for Eye Health has published a new edition of the Standard List of Medicines, Equipment, Instruments and Optical Supplies (2001) for eye care services in developing countries. It is compiled by the Task Force of the International Agency for the Prevention of Blindness. Further details: Sue Stevens, International Centre for Eye Health, 11–43 Bath Street, London EC1V 9EL, UK (Tel: (+44) (0) 20-7608 6910; email: eyeresource@ucl.ac.uk).

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. Further details: Dr Lucy Mathen (email address lucymathen@yahoo.com) or by contacting www.secondsight.org.uk or by contacting Dr Lucy Mathen (email address lucymathen@yahoo.com).

European Intensive Program of Disease and Imaging of the Fundus
The European Intensive Program of Disease and Imaging of the Fundus under the auspices of the European Program Socrates will be held 2–12 July 2001 at the Clinique Ophtalmology, 11–43 Bath Street, London EC1V 9EL. (Tel: (+44) (0) 20-7608 6909/6910/6923; fax: (+44) (0) 7250 3207; email: eyeresource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

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