

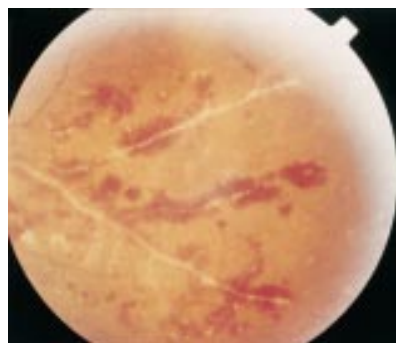
AGGRESSIVE TREATMENT OF EALES' DISEASE MAY BE APPROPRIATE

In 1880 Henry Eales described the syndrome of recurrent retinal and vitreous haemorrhage in young men. Eales' disease is an idiopathic inflammatory venous occlusion that primarily affects the peripheral retina. The inflammation induced vascular occlusion can lead to a proliferative vascular retinopathy. El-Asrar and coworkers describe a retrospective study of 30 patients treated for Eales' disease. Their study suggests that aggressive treatment of Eales' disease with systemic steroids and antituberculous therapy, panretinal photocoagulation, and early vitrectomy may result in improved anatomical and visual outcomes in these patients.

See p 1248

HOW EFFECTIVE IS OPHTHALMIC SCREENING IN DETECTING DIGOXIN TOXICITY?

Ophthalmologists are routinely asked to examine patients taking drugs known to have ocular side effects. In some cases these examinations are clearly not cost effective—for example, in the case of patients on chronic plaquenil therapy.



See p1248

Now Lawrenson and coworkers challenge the notion that colour vision testing in older patients taking digoxin is useful in screening for drug toxicity. In this study of 30 patients receiving digoxin (mean age 86.3 years) a slight to moderate red green impairment was found in 20%–30% and approximately 20% showed a severe tritan deficiency. Moreover, there was no correlation between colour vision impairment and the serum digoxin level. The authors challenge the notion that routine ophthalmic colour vision testing is useful in identifying the patient with toxic levels of digoxin (at least in the elderly).

See p 1259

A NEW MORE EFFECTIVE TREATMENT FOR OPTIC NERVE SHEATH MENINGIOMA

Primary optic nerve sheath meningiomas arise from the intraorbital or intracanalicular arachnoidal sheath of the optic nerve. Although prognosis for life is usually excellent these tumours usually lead to complete visual loss in the affected eye. In the early 1970s Smith proposed that these tumours were radiosensitive. Despite initial opposition to the idea several studies have documented that conventional radiotherapy may be effective in the treatment of optic nerve sheath meningiomas. Unfortunately standard radiotherapy is associated with potential serious side effects. Now Pitz and coworkers describe 15 patients who underwent stereotactic fractionated conformal irradiation in the treatment of these tumours. Their data provide convincing evidence that stereotactic fractionated conformal irradiation is an effective treatment for primary optic nerve sheath meningioma with minimal treatment related morbidity. There were no significant side effects of radiation therapy in this medium term follow up study and preservation of visual function was excellent.

See pp 1197 and 1265

HOW TO PREVENT MYOPIC PROGRESSION

There has been a considerable increase in the number of studies addressing the question of whether interventions may decrease the progression of myopia. Regrettably, careful evaluation of most of these studies indicates that there are currently few high quality well conducted masked randomised clinical trials that have evaluated the efficacy of interventions to retard the progression of myopia. Saw and coworkers review the evidence that altered pattern of spectacle wear, bifocals, ocular hypotensives, or contact lenses retard the progression of myopia. They also evaluate the studies of long term atropine use, as well as the selective antimuscarinic agent, pirenzepine, and the progression of myopia. They conclude that, to date, atropine eye drops appear to be the most promising technique to decrease the progression of myopia, at least in Taiwanese children. However, they caution that these studies need to be replicated in other populations. A recent clinical trial of the use of bifocal lenses is seen to be encouraging but a larger double masked randomised clinical trial is needed to confirm it. Other interventions such as short acting cycloplegic drops, ocular hypotensives, or traditional Chinese treatments need further evaluation in well conducted randomised trials. Small non-randomised studies of undercorrecting myopia appear promising in retarding progression. Clearly this is a simple, inexpensive therapy and merits a large randomised controlled trial. Regrettably, it seems clear that there is no firm evidence that any therapy can routinely decrease the progression of myopia in children and young adults.

See p 1306