

BJO at a glance

Creig Hoyt, Editor

TREATING SEASONAL ALLERGIC CONJUNCTIVITIS WITH KETOTIFEN

Seasonal allergic conjunctivitis or hay fever conjunctivitis is a hypersensitivity reaction to specific airborne allergens, mainly pollens. It has a high prevalence rate and can be quite uncomfortable for the affected patient. A number of new topical treatments have been developed recently. Ketotifen blocks histamine H₁ receptors, stabilises mast cells and prevents eosinophil accumulation. Kidd and coworkers report a double masked randomised multicentre trial conducted in Australia. In this study ketotifen 0.025% ophthalmic solution was well tolerated and effective in reducing the signs and symptoms of seasonal allergic conjunctivitis and in preventing recurrences. It consistently was most efficacious in comparison with a placebo and levocabastine.

See p 1206

CAN CORNEAL GRAFTING IN CHILDREN BE SUCCESSFUL?

Successful restoration of vision with paediatric penetrating keratoplasty has only been achieved in the past two decades. In children the potential for post-surgical anterior segment inflammation that may accelerate graft rejection has been seen as a major obstacle for successful penetrating keratoplasty. Moreover, scleral rigidity increases the likelihood of significant refractive

errors after corneal transplantation. McClellan and coworkers report the result of 19 penetrating keratoplasties performed in children 2 weeks to 14 years of age. In this series prolonged corneal graft survival rates were impressive. However, successful restoration of visual acuity especially in congenital corneal opacities was rare. Only one of the seven cases of congenital conditions grafted had a visual acuity better than 6/60 at the time of the last follow up. Amblyopia associated with congenital corneal opacity remains an important determinant of the final vision in these cases despite successful graft survival.

See p 1212

TUMOUR ANGIOGENESIS MAY BE A PROGNOSTIC INDICATOR IN RETINOBLASTOMA

There have been many attempts to identify risk factors in patients with retinoblastoma both for the development of metastatic disease and for the extension of retinoblastoma locally in the orbit. Many reports have emphasised the positive relation between tumour cell invasion of the optic nerve beyond the lamina cribrosa at increased risk of disseminated disease. Other studies have identified massive choroidal invasion with or without nerve involvement as a significant risk factor for disease dissemination. Nevertheless, some patients will develop orbital or metastatic disease in the absence of either of these risk factors while others with positive risk factors never develop disseminated disease. Ferrari Marback and coworkers report the findings of 24 cases of retinoblastoma studied histopathologically. The outcomes measured were choroidal and/or optic nerve tumour invasion and quantification of the tumour relative vascular area obtained by Chalkley counting. In this study the tumour relative vascular area was the only independent variable found to predict disease dissemination.

See p 1224

IS CIPROFLOXACIN STILL SUCCESSFUL IN TREATING PSEUDOMONAS KERATITIS?

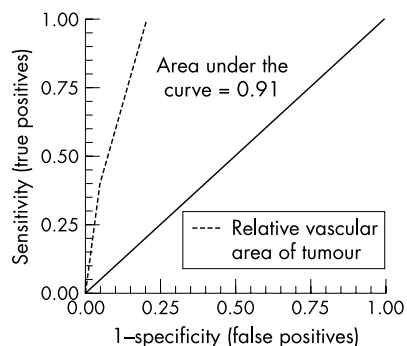
In recent years ciprofloxacin resistance has been reported among Indian, Taiwanese, and American ocular strains of *Pseudomonas aeruginosa* strains. However, data exist to indicate that the prevalence of resistance to ciprofloxacin may vary greatly between countries. Isolates collected recently from Italian and Japanese hospitals show that 83% and 90% respectively were resistant. Lomholt and Kilian examined the ciprofloxacin susceptibility of 106 *Pseudomonas* eye isolates from the United Kingdom, Denmark, India, United States, and Australia. In this study the vast majority of eye isolates of *Pseudomonas* from European countries were fully susceptible to ciprofloxacin and concentration ciprofloxacin eye drops used for local treatment (3000 mg/l) exceeds the MIC values for strains recorded as resistant. Only one of 102 isolates from Europe appeared to be resistant. The authors suggest that eye infections arising in healthy contact lens wearers in communities with less selection for resistance and with clonally distinct isolates of *Pseudomonas* are still likely to be susceptible to ciprofloxacin therapy.

See p 1238

RISK OF CATARACT AND THE USE OF INHALED CORTICOSTEROIDS

The effect of systemic corticosteroid use on the risk of cataract is well established. The recent wide acceptance of inhaled corticosteroids for the treatment of asthma has raised concern about the risk of cataract formation with this method of corticosteroid delivery. Smeeth and coworkers report a population based case controlled study from the United Kingdom in which more than 15 000 people with cataracts and 15 000 controls were matched for age, sex, practice, and observation. The results of this study suggest that high doses of inhaled corticosteroids used for prolonged periods are associated with increased risk of cataract formation. The authors emphasise that patients with a diagnosis COPD or asthma have approximately a 50% increased risk of cataract formation and that this increased risk can be essentially attributed to previous exposure to inhaled and/or systemic corticosteroids.

See p 1247



See p 1224

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