# BJO at a glance

Creig Hoyt, *Editor*

NEW DESIGN FOR ACCOMMODATING IOLs

A number of designs for accommodating intraocular lenses (IOLs) have been described. However, the degree of accommodation expected to result from current lenses available is usually no more than 1–1¼ dioptres. McLeod and coworkers describe a dual optic, single piece silicone IOL design, that is calculated to provide 2.2 dioptres of accommodation. The design has the potential to allow the extremes of distance and near focus characteristic of multifocal designs, but additionally should offer improved function at intermediate distance, and improved image quality at all object distances. In vivo studies of this lens in an animal model are in progress.
See p 1083

INTRACTABLE GLAUCOMA TREATED BY RETINECTOMY

Surgical treatment of glaucoma unresponsive to traditional surgical and medical strategies can be frustrating and disappointing. Surgical therapies usually are aimed at increasing outflow of aqueous humour or reducing aqueous secretion. Retinectomy opens a new posterior outflow pathway for aqueous to be absorbed by the choroid. A large opening in the retina cannot close by wound healing with the advantage that the pressure lowering effect of a retinectomy should persist. Joussen *et al* describe a series of 44 eyes with intractable glaucoma successfully treated with retinectomy.
See p 1094
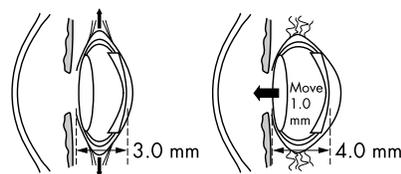
See p 1083

PUPILLARY BLOCK FOLLOWING POSTERIOR IOL IMPLANTATION

Pupillary block occurs when aqueous flow from the posterior chamber and the iridocorneal angle is blocked by the apposition of the pupillary margin with adjacent structures. The iris bulges forward and balloons towards the anterior chamber closing the angle and inducing an increase in intraocular pressure. Pupillary block is a well recognised complication of cataract surgery following anterior chamber IOL implantation. It is generally thought to be a rare occurrence following posterior chamber lens implantation. However, Gaton and coworkers describe six patients treated for pupillary block posterior IOL implantation between 1990 and 2001. They emphasise that this complication may be more common after posterior chamber IOL implantation than has been previously recognised.
See p 1109

WILL STATIN THERAPY PREVENT ARM?

There is an overlap in risk factors for age related maculopathy (ARM) and cardiovascular disease. This has led some to suggest that the pathophysiology of these diseases has similar causal pathways. Moreover, it is recognised that part of the pathological process of ARM is fat deposition within Bruch's membrane. Statins are used to reduce low density lipoprotein cholesterol (LDL) levels by inhibiting cholesterol production and increasing LDL cholesterol removal from plasma. McGwin Jr and coworkers investigated whether there was a relation between statin use and ARM. In their study of 550 cases of ARM and 550 controls, there was a significant risk reduction for ARM in those patients who used statins routinely. They suggest that a clinical trial to provide direct evidence of the effectiveness of statins in lowering the incidence and progression of ARM would be worthwhile.
See p 1121

TRANSIENT STRABISMUS IN HEALTHY NEONATES

Parents and paediatricians have long recognised that normal healthy neonates may experience transient misalignment of the eyes in the first few months of life without developing strabismus at a later date. In a study of 214 orthoptists' infants who were followed for up to 15 years, Horwood has documented that transient misalignment of the ocular axis is common. She suggests that these frequent misalignments in the first few months of life reflect a normal developing vergence system and early attempts to converge on near targets, but rarely does esotropia develop. Nevertheless, the angle of deviation of the neonatal misalignments may be large and superficially mimic infantile esotropia. This is an important observation in light of recent recommendations concerning early surgery for infantile esotropia.
See pp 1142 and 1146

www.bjophthalmol.com