

BJO at a glance

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TREATMENT OF THYROID OPHTHALMOPATHY

The appropriate treatment, if any, of thyroid ophthalmopathy has yet to be determined. Systemic corticosteroids may reduce manifestations of the disorder but significant adverse effects may result. In a multicentre prospective pilot study Ebner and coworkers present data to suggest that triamcinolone administered as a periocular injection is effective in reducing diplopia and the size of extraocular muscles in thyroid associated ophthalmopathy of recent onset. This form of treatment is not associated with systemic or ocular side effects.

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VISUAL REHABILITATION OF UNILATERAL CATARACTS

The question of whether to implant intraocular lenses during cataract surgery in infancy remains controversial. Many paediatric ophthalmologists still use contact lenses as the standard for aphakic refractive correction. Lambert and coworkers report a non-randomised retrospective case series of 25 infants with unilateral congenital cataract who underwent cataract surgery. Optotype acuities were measured in these children and there was no difference in the visual outcome between those children corrected with the contact lens and those corrected with an intraocular lens at the time of initial surgery. However, the intraocular lens group underwent more re-operations.

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PDT THERAPY OF CHOROIDAL HAEMANGIOMA

Choroidal haemangioma is an uncommon benign vascular tumour of the choroid. The long term visual prognosis is often poor because of exudative retinal detachment. Singh and coworkers report a prospective non-randomised interventional case series

of 10 consecutive patients with circumscribed choroidal haemangiomas who underwent PDT therapy. They conclude that verteporfin PDT therapy is effective for the management of symptomatic circumscribed choroidal haemangiomas but delayed treatment related effects such as choroidal atrophy can lead to visual loss.

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ULTRASOUND IN EVALUATING PERIOCCULAR HAEMANGIOMAS

It remains controversial which types of therapy, if any, should be used in the treatment of visually significant capillary haemangiomas of the orbit. In many centres a protocol is used to determine which periocular haemangiomas are treated, with consideration given to age, anatomical extent, location in the skin, and visual effect of the lesion. Bowman and co-workers report a retrospective study of 50 patients with periocular haemangiomas in which ultrasonography was used to classify the anatomical extent of the lesions. The authors suggest that ultrasound classification was useful in determining what type of therapy to use in individual cases.

See p 1419

MITOMYCIN C FOR PTERYGIUM

Pterygium is a common ocular surface disorder often treated by surgical excision. One of the major limitations of pterygium excision is the high rate of postoperative recurrence. To reduce the recurrence rate adjunctive therapy such as β irradiation, mitomycin C, and 5-fluorouracil have been advocated. Raiskup and coworkers report the findings of a prospective non-comparative interventional case series of the use of mitomycin C following surgical excision of pterygium. In this series long term follow up revealed the use of mitomycin C is generally safe but a strict selection of patients and long term follow up are required. The only complication was mild conjunctival avascularity in the area of pterygium excision in 30% of the patients.

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SEGMENTAL NEUROFIBROMATOSIS TYPE 1

Segmental neurofibromatosis type 1 has been widely reported with increasing frequency and is probably underdiagnosed because the clinical picture, as a result of limited signs or symptoms in most of the affected individuals, can be neglected by the patients and go unnoticed by the physician. Ruggieri and coworkers report the findings of 72 patients with segmental neurofibromatosis type 1. None of the patients has Lisch nodules of the iris, irrespective of the age at eye examination and none developed typical associated ophthalmological neurofibromatosis type 1 complications. One child had an isolated optic pathway glioma, which behaved in a relatively benign fashion.

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ADJUSTABLE SUTURES, LATER, MUCH LATER

Adjustable sutures have been a useful addition to the surgical technique of treating strabismus. However, at the present time adjustment of the sutures needs usually to be made within 48 hours of initial surgical correction. Since binocular alignment may drift over time this is less than ideal. Kim and coworkers report the use of polyurethane film with and without sustained release dexamethasone as a way of delaying adjustment in an experimental animal model. In this model polyurethane proved to be helpful in delaying adjustments up until 6 weeks postoperatively without the need for frequent topical steroids.

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