

BJO at a glance

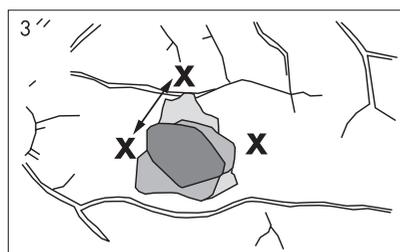
TREATING OCULAR TRAUMA IN RURAL NEPAL

Ocular trauma is a major cause of ocular blindness throughout the world. In a study from rural Nepal Khattry and coworkers demonstrate the detrimental effects of delayed care or care outside of a specialty eye clinic. They stressed that for optimal visual outcomes patients who are injured in a rural setting should recognise the injury and seek early care at a specialty eye care facility. Their findings, however, suggest that trained non-ophthalmologists may be able to clinically manage many eye injuries encountered in a rural setting in the developing world.

See p 456

THE PROBLEM OF ECCENTRIC FIXATION IN PATIENTS WITH CENTRAL SCOTOMA

In adults, and even more so in children, it has been demonstrated that eccentric retinal areas of fixation can develop in the presence of a central scotoma. Regrettably, many patients do not use these central areas efficiently. In a



See p 461

study by Déruaz and coworkers it was observed that ocular instability during eccentric viewing may actually have a functional advantage. The possibility

that this should be taken into consideration for conducting visual rehabilitation procedures is emphasised. It remains to be shown, however, that in a large population of adult patients with bilateral central scotomas eccentric fixation can be consistently utilised to improve functional visual performance. The editorial by Raasch emphasises that much still needs to be defined about the usefulness of eccentric fixation in patients with central scotomas.

See pp 443 and 461

RISK OF DEVELOPING SUPRACHOROIDDAL HAEMORRHAGE ASSOCIATED WITH CATARACT SURGERY

Suprachoroidal haemorrhage is a rare but potentially devastating complication of cataract surgery. In a case controlled study of risk factors Ling and coworkers have identified several significant independent risk factors for developing suprachoroidal haemorrhage. These include older age, taking at least one cardiovascular drug, glaucoma, elevated intraocular pressure, a lack of orbital compression, posterior capsule rupture before suprachoroidal haemorrhage, elective extracapsular cataract extraction, and phacoemulsification conversion. The authors suggest that by identifying patients at risk of suprachoroidal haemorrhage attention may be paid to modifying preoperative intraocular risk factors in order to minimise the risk of suprachoroidal haemorrhage.

See pp 474 and 478

INTRAOCULAR LENSES IN CHILDREN

Primary implantation of posterior chamber intraocular lenses has become an increasingly common and accepted procedure in paediatric cataract surgery. Controversy still surrounds the ideal choice of intraocular lens in children. Foldable, soft acrylic intraocular lenses have lower posterior opacification rates than poly(methylmethacrylate) (PMMA). In a study by Rowe and coworkers, who analysed 61 infants and children, primary implantation of foldable, soft acrylic intraocular lenses appeared to have fewer perioperative complications than rigid PMMA intraocular lenses. Short term safety profiles of primary implantation in paediatric cataract surgery were otherwise comparable for PMMA and soft acrylic IOLs.

See p 481

THE RISK OF COMPLICATIONS OF UVEITIS AT A DISTRICT HOSPITAL

The main sight threatening complications of uveitis are cataract formation glaucoma and maculopathy. These complications have an increasing prevalence in a normal elderly population. In a study from a district hospital by Maini *et al* the frequency of visual loss associated with uveitis was less than has been reported in referral centres and levels of legal blindness were lower. The great majority of uveitis patients with visual loss had moderate bilateral or unilateral impairment. Although acute anterior uveitis has a low frequency of visual loss it contributes significantly to the total burden associated with uveitis in a district hospital.

See p 512