

BJO at a glance

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THE IMPACT ON QUALITY OF LIFE OF GLAUCOMA

Glaucoma is a disease that causes irreversible blindness. The visual acuity loss secondary to glaucoma is associated with a substantial decrease in quality of life and patient utility value. Gupta and co-workers demonstrate that the utility value is directly dependent on the degree of visual acuity, a loss associated with the disease and the educational status but not the duration of the disease, number of medications, or visual field indices.

See p 1241

DIRECT COSTS OF GLAUCOMA

Glaucoma is a leading cause of blindness worldwide. It is the second most frequent cause of legal blindness in industrialised countries. Traverso and co-workers demonstrate that resource utilisation and direct medical cost of glaucoma management increase with worsening disease severity. Based on these findings managing glaucoma and effectively delaying the disease progression would be expected to significantly reduce the economic burden of this disease.

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INTERFERON FOR UVEITIS ASSOCIATED WITH MULTIPLE SCLEROSIS

Uveitis occurs in a significant number of patients with optic neuritis. This may manifest itself as a primary vasculitis or with inflammatory cells in the aqueous and/or vitreous. Becker and co-workers studied 13 patients with multiple sclerosis and associated uveitis. The use of interferon β was found to have beneficial effects in resolving intraocular inflammation and improving visual acuity.

See p 1254

THE BROADENING SPECTRUM OF OPTIC NERVE HYPOPLASIA

Optic nerve hypoplasia is a congenital anomaly once thought to be isolated in nature. Its association with central nervous system disease and endocrine abnormalities is well recognised. Recently, a subset of patients has been identified in whom sudden death may occur as the result of hypothalamic dysfunction. Donahue and co-workers describe a series of three patients with septo-optic dysplasia presenting as infantile infection associated with diabetes insipidus. They emphasise that the presence of neonatal jaundice or hypoglycaemia should prompt ophthalmological evaluation in the at-risk infant.

See p 1275

ACCOMMODATIVE INTRAOCULAR LENS POTENTIAL

The search for a technology that allows for full accommodation with an intraocular lens continues. Sauder and co-workers conducted a prospective randomised non-mass clinical interventional study of 40 patients with a new foldable monofocal intraocular lens with flexible haptics. A control group received a standard foldable intraocular lens. In this study the foldable monofocal intraocular lens with flexible haptics showed an accommodative power of 1 dioptre. This was significantly higher than the accommodative power of a conventional monofocal flexible intraocular lens. A fully accommodative intraocular lens remains to be designed.

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THE ACHIASMIA SYNDROME

The optic chiasm in primates provides for decussation of retinal fibres and duplication of visual information. Increasingly, a small population of patients has been identified with an achiasmia syndrome. Sami and co-workers describe children who had associated skull base encephalocele with agenesis of the corpus callosum. In two other patients achiasmia was associated with septo-optic dysplasia. Three patients had no neuroimaging abnormalities other than reduced chiasmal size and have no known pituitary dysfunction. The spectrum of achiasmia is obviously relatively broad and needs further definition.

See p 1311

DO BASE-IN PRISMS HELP THE PATIENT WITH CONVERGENCE INSUFFICIENCY?

The appropriate treatment for convergence insufficiency remains controversial. Scheiman and co-workers describe the results of a randomised clinical trial of 72 children with symptomatic convergence insufficiency who were either assigned to base-in prism glasses or placebo reading glasses. In this study there was no difference in the symptomatic relief of pain in base-in prism glasses versus reading glasses. Further studies of convergence insufficiency are warranted to define the most appropriate therapy.

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