

BJO at a glance

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IMPROVEMENTS IN THE BLINDNESS PROBLEM IN INDIA

India was the first country in the world to launch a 100% publicly funded programme for the control of blindness. Venkata and coworkers report the findings of a nationwide survey undertaken in 1999–2001 in India. 8.5% of those responding were found to have visual acuity of less than 6/60 in the better seeing eye. Cataract was responsible for 62.4% of bilateral blindness. Nevertheless, this study documents that India has been able to arrest the increasing prevalence of blindness. The Indian experience provides hope that the goals of the “Vision 20/20: right to sight” initiative can be achieved.

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ALDOSE REDUCTASE INHIBITOR FOR CORNEAL PROBLEMS IN DIABETIC PATIENTS

Diabetic patients are vulnerable to multiple corneal epithelial disorders including superficial punctate keratopathy and epithelial erosion. Oral aldose reductase inhibitors have been shown to decrease epithelial changes in diabetic patients. Nakahara and coworkers report the results of a prospective randomised double masked placebo controlled study of 34 eyes of 34 diabetic patients treated with the topical aldose reductase inhibitor CT-112. In this study topical CT-112 improves the corneal epithelial barrier function in diabetic patients as measured by fluorescein testing. The authors suggest that the accumulation of advanced glycation end products (AGE) on the basement membrane of the corneal epithelium has a positive role in corneal epithelial disorders found in diabetic patients.

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THE RELIABILITY OF TRANSPALPEBRAL TONOMETRY

A new portable transpalpebral tonometry device has been developed. Troost and coworkers report the results of a comparative study of transpalpebral tonometry and Goldmann applanation tonometry. A total of 40 eyes of 20 healthy volunteers were studied. Significant interobserver deviation using transpalpebral tonometry was documented. Moreover, significant deviations between transpalpebral tonometry and Goldmann applanation tonometry were seen. The authors suggest therefore that the new transpalpebral tonometer cannot be used instead of Goldmann applanation tonometry. They suggest that transpalpebral tonometry is preferable to palpation of intraocular pressure in patients in whom applanation tonometry cannot be performed.

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SUB-TENON'S V TOPICAL ANAESTHESIA FOR CATARACT SURGERY

The vast majority of patients undergoing cataract surgery in the developed world do so with either peribulbar or retrobulbar anaesthesia or topical anaesthesia. There has been a substantial move towards topical anaesthesia because of the perceived risks with peribulbar and retrobulbar block procedures. Rüschen and coworkers report the results of a randomised controlled pilot trial of 28 patients who were enrolled to either receive sub-Tenon block or topical anaesthesia at the time of cataract surgery. Patient satisfaction was significantly higher when the surgery was performed with sub-Tenon block rather than with topical anaesthesia. The authors suggest that the move towards topical anaesthesia in cataract surgery needs to be reconsidered.

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OCT STUDIES OF THE SWOLLEN DISC

Clinical differentiation between mild papilloedema and pseudopapilloedema is sometimes difficult. Optical coherence tomography (OCT) is a new technique which can measure retinal nerve fibre layer thickness. Karam and Hedges report on 13 patients with mild papilloedema and 11 patients with congenitally crowded nerves who were studied with OCT. OCT could demonstrate measurable differences of nerve fibre layer thickness between normal subjects and patients with either papilloedema or pseudopapilloedema. However, OCT was not able to differentiate between congenitally crowded optic nerves and mild papilloedema.

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THE IMPACT OF UNILATERAL AND BILATERAL VISUAL LOSS ON QUALITY OF LIFE

Recently there has been an increased interest in the effects of visual impairment on quality of life. Vu and coworkers report the results of a cluster stratified random sample of 3271 urban participants of the Melbourne Visual Impairment Project. In this study non-correctible unilateral visual loss was associated with issues of safety and independent living. Non-correctible bilateral visual loss was associated with increasing nursing home placement and use of community services and decreased emotional wellbeing and activities of daily living. The authors emphasise that correctible or treatable visual loss should be detected and dealt with.

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