

## Telemedicine in abusive head injury

Saleh *et al* performed a cross-sectional observational study on 21 children suspected to have abusive head injury. Fundus photographs were taken using a digital retinal camera and images were remotely read by an ophthalmologist for presence of retinal haemorrhages. Children were examined by standard ophthalmoscopy and also had radiographic studies for bone fractures and intracranial haemorrhages. Fourteen patients were diagnosed as suffering from abusive trauma. Digital retinal camera helped establish the diagnosis of abuse in 92.8% of cases. *See page 424*

## Intravitreal bevacizumab for macular oedema secondary to BRVO/CRVO

Prager *et al* evaluated functional and anatomical changes after three initial intravitreal bevacizumab injections of 1 mg at a monthly interval in 29 eyes with persistent macular oedema secondary to BRVO (21 eyes) or CRVO (8 eyes) in a prospective clinical trial. Retreatment was based on central retinal thickness (CRT) as measured by OCT. After 12 months of follow-up, mean visual acuity increased from 50 letters (20/100) at baseline to 66 letters (20/50+;  $p < 0.001$ ) and CRT decreased from 558  $\mu\text{m}$  at baseline to 309  $\mu\text{m}$  ( $p < 0.001$ ). Fluorescein angiography did not reveal progression of avascular areas. The authors conclude that intravitreal therapy using bevacizumab has only short-term benefit. *See page 452*

## PDT in neovascular AMD

Murjaneh *et al* report the effectiveness in routine clinical practice of verteporfin photodynamic therapy (PDT) for

neovascular AMD in 1008 patients recruited prospectively over a 7-year period from a single UK centre. Only 81% and 52% of the enrolled patients completed 12 and 24 months follow-up, respectively. At 12 months, 62%, maintained BCVA with an average of 2.9 treatments. The authors conclude that PDT delivered in clinical practice is at least as effective as reported in randomised clinical trials and uses fewer treatments. *See page 468*

## Slow Mohs surgery for periocular basal cell carcinoma

Morris *et al* determined 5-year outcomes of periocular basal cell carcinoma managed by Mohs surgery using formalin-fixed, paraffin embedded sections (slow Mohs) in a prospective, non-comparative, interventional case series of 182 patients. Recurrence occurred only in one patient (0.5%) with excellent or good cosmetic outcome in 74% of cases. The authors conclude that although the low 5-year recurrence rate with slow Mohs is equivalent to Mohs surgery, delayed closure does not compromise cosmetic outcome. Slow Mohs technique offers a histologically superior and cheaper alternative to Mohs surgery. *See page 474*

## Diurnal fluctuation of ocular blood flow in POAG

Pemp *et al* investigated the fluctuations of ocular blood flow in 15 patients with POAG and in 15 healthy eyes and correlated these with variations in IOP and mean ocular perfusion pressure. Measurements of systemic blood pressure, fundus pulsation amplitude, choroidal blood flow, optic nerve head blood flow and IOP were performed at 08:00, 12:00, 17:00 and 21:00. They observed a larger diurnal fluctuation of ocular blood flow parameters in POAG patients than

normal eyes. Their observations support the hypothesis that POAG is associated with vascular dysregulation. *See page 486*

## IOP control and fluctuation with SLT

Nagar *et al* evaluated the effect of selective laser trabeculoplasty (SLT) on IOP control and diurnal fluctuation in 40 patients with POAG and OHT randomised to receive either SLT or latanoprost. Success was defined as 20% decrease in IOP. 75% of SLT patients and 73% of latanoprost patients achieved success in IOP control. On average, SLT decreased IOP by 4.7 mm Hg ( $p < 0.01$ ). The reduction was similar for latanoprost. SLT significantly reduced IOP fluctuation, but latanoprost was more effective (3.6 vs 2.5 mm Hg;  $p = 0.04$ ). The authors conclude that both SLT and latanoprost had a significant impact on IOP control and fluctuation. Although latanoprost may be more likely to reduce IOP fluctuation, SLT has the benefit of being a one-time intervention not requiring ongoing patient compliance. *See page 497*

## Axial length in silicone oil-filled eyes

Benic *et al* compared the accuracy of A-scan biometry (37 patients) and MRI (33 patients) for the measurement of axial length in silicone oil-filled eyes in a prospective randomised study of 70 patients. In patients with axial length  $\geq 26$  mm, the mean deviation of the final refraction from predicted refraction was -1.23D (SD 0.67) in the MRI group and -2.3D (SD 2.02) in the A-scan group ( $p = 0.02$ ). In patients with axial length  $< 26$  mm, there was no difference between the two groups. The authors conclude that for highly myopic silicone oil-filled eyes, MRI biometry was more accurate in determining the axial length. *See page 502*