

Retinal vein occlusion and the risk of acute myocardial infarction

Hu *et al* used a nationwide (Taiwan) population-based dataset to investigate the relationship between retinal vein occlusion (RVO) and subsequent acute myocardial infarction (AMI). The study cohort consisted of 591 ambulatory care patients with RVO (2000–2003). Each patient was individually tracked for 3 years. Although, RVO patients had a significantly higher rate of AMI (1.9% vs 0.8%) than controls ($p = 0.03$), after adjusting for gender, age and comorbid medical disorders, there was no significant difference between the study group and controls. The authors conclude that RVO did not independently increase the risk of AMI. *See page 717*

Triple therapy for neovascular AMD

Yip *et al* evaluated the efficacy and safety of triple therapy consisting of a single-session photodynamic therapy (PDT, standard protocol), intravitreal bevacizumab (IVB, 1.25 mg) and intravitreal triamcinolone (IVTA, 4 mg) for treatment of neovascular AMD in 36 eyes of 33 consecutive patients with subfoveal CNV with mean follow-up of 14.7 (6.9–19.2) months. At 6 months, 61.1% (22/36) showed stable or improved vision. Three eyes developed cataract and two developed persistent raised IOP. The authors conclude that short-term results of single session triple therapy warrants further evaluation. *See page 754*

Adjunct posterior subTenon triamcinolone for diabetic retinopathy

Unoki *et al* conducted a randomised clinical trial to evaluate efficacy of a single posterior sub-Tenon capsule injection of triamcinolone (PSTA; 20 mg) before PRP by randomizing 82 eyes of 41 patients. At 6 months, the mean change in logMAR BCVA compared with baseline worsened (0.010) in the control group (no injection) and improved (0.072) in the PSTA group

($p = 0.04$). The mean change in foveal thickness increased (32.8 μm) in the control group and decreased (9.7 μm) in the PSTA group ($p = 0.03$). The authors conclude that PSTA before PRP appears to be beneficial in preventing PRP-induced visual loss in eyes with diabetic retinopathy by reducing macular thickening. *See page 765*

Agreement between SD OCT and TD OCT for measuring RNFL

Vizzeri *et al* evaluated reproducibility of spectral-domain (SD) OCT and agreement between SD-OCT and Time-Domain (TD) OCT in RNFL measurements. Three SD-OCT (Cirrus) scans and one TD-OCT (Stratus) scan were obtained on the same day from 16 healthy participants and 39 glaucoma patients participating in the Diagnostic Innovations in Glaucoma Study. SD-OCT reproducibility was excellent in both groups. Although the agreement between instruments was good, TD-OCT provided thicker RNFL measurements than SD-OCT. The authors conclude that measurements with these instruments should not be considered interchangeable. *See page 775*

Comparison of bimatoprost and latanoprost

How *et al* compared IOP lowering efficacy and side effects of latanoprost (0.005%) and bimatoprost (0.03%) in 60 subjects with chronic primary angle closure glaucoma (PACG) in an observer-masked randomised crossover study of either latanoprost or bimatoprost for 6 weeks, followed by crossed over to the other medication for another 6 weeks. Latanoprost reduced mean IOP by 8.4 mm Hg and bimatoprost by 8.9 mm Hg. Adverse events were mild in both groups. The authors conclude that bimatoprost and latanoprost once daily were similarly effective in reducing IOP in subjects with chronic PACG. *See page 782*

25-Gauge paediatric vitrectomy

Gonzales *et al* retrospectively studied 56 eyes of 49 children undergoing vitrectomy with 25-gauge instrumentation. Conjunctiva and

sclera were sutured in babies (<1 year) requiring a pars plicata approach. Intraoperative unplanned events or complications included: conversion to 20-gauge vitrectomy (4), conversion of one port to a 20-gauge sclerotomy (2), suspected lens damage (1) and intraoperative bleeding from a vascular ridge (1). Postoperative complications included cataract (5), rhegmatogenous retinal detachment (4) and vitreous haemorrhage (3). There were no cases of postoperative hypotony requiring intervention, choroidal detachment, endophthalmitis or sclerotomy-related retinal breaks. The authors conclude that 25-gauge vitreoretinal techniques can be used in the paediatric eye. To avoid postoperative hypotony, a modified technique in which the conjunctiva and sclera is sutured is recommended for younger babies. *See page 787*

Small margin excision of periocular basal cell carcinoma

Chadha and Wright retrospectively analysed the outcome of small margin (up to 2 mm) excision of 90 well-demarcated periocular BCC with a minimum follow-up of 36 months. Resulting defects were closed directly (if possible). Reconstruction of defects requiring flaps or grafts was delayed until receipt of the histological report. Histological assessment confirmed complete excision after the first excision in 78 (86.7%) rising to 83 (92.2%) after two excisions. Of the 12 cases with incompletely excised lesions, 7 patients chose not to have additional surgery, and only one of these recurred. Overall recurrence rate was 3.3% ($n = 3$). The authors conclude that in the absence of availability of Mohs surgery, well demarcated BCC can be safely excised using smaller margins than conventionally practised. *See page 803*

Minimally invasive strabismus surgery

Mojon reports that small incision minimal dissection transposition techniques are feasible and effective in improving ocular alignment in patients with paralytic strabismus. *See page 747*