

## Ruthenium-106 plaque for thick posterior uveal melanoma

Kaiserman *et al* examined effectiveness and safety of Ruthenium-106 brachytherapy in the management of thick posterior uveal melanoma (apical height >8.0 mm). 63 patients treated with brachytherapy were compared with 63 patients treated with enucleation. The 5- and 10-year all-cause mortality and melanoma-related mortality was comparable between the groups. Of the eyes that were initially treated with brachytherapy, 71% were saved from enucleation. Complications of brachytherapy included tumour regrowth (n = 15), scleral melt (n = 3), neovascular glaucoma (n = 5) and vitreous haemorrhage (n = 3). However, no significant difference in survival was noted between patients with and without local recurrence. The authors conclude that Ruthenium-106 brachytherapy is an alternative to enucleation in selected patients with thick posterior uveal melanoma. **See page 1167**

## Conjunctival characteristics in POAG: in vivo confocal microscopy study

Ciancaglini *et al* evaluated bulbar conjunctiva with in vivo confocal microscopy (IVCM; HRT II Rostock Cornea Module) in 15 POAG patients undergoing trabeculectomy and 10 patients on medical therapy. Eyes were examined at baseline and after 6 weeks for the mean microcyst density (MMD: cysts/mm<sup>2</sup>) and microcyst area (MMA: mm<sup>2</sup>). At baseline, the microcyst parameters did not differ between the groups. After trabeculectomy, a marked increase in both MMD and MMA indicating enhancement of aqueous filtration across conjunctiva was observed. **See page 1204**

## ReSTOR apodised diffractive intraocular lens

Cionni *et al* prospectively compared clinical outcomes of 76 patients that underwent routine phacoemulsification with bilateral SN60D3 implantation and 51 patients with bilateral AcrySof monofocal IOL implantation. Corrected and uncorrected distance visual acuity was similar

between the groups. For uncorrected near and intermediate visual acuity, statistically significant differences were found favouring the SN60D3 patients. Contrast sensitivity was significantly better in monofocal patients. The SN60D3 patients achieved significantly higher levels of functional vision and spectacle freedom. **See page 1215**

## External DCR with and without silicone intubation

Saiju *et al* conducted a prospective randomised trial to compare surgical outcomes of external dacryocystorhinostomy (DCR) with (44 patients) and without silastic intubation (56 patients) for treatment of primary uncomplicated nasolacrimal duct obstruction (NLDO). The success rate at 6 months was not significantly different between the two groups (90% and 87% respectively; p = 0.77). No complications were encountered in either group. Silicone tubes increased surgical cost by 20%. The authors conclude that silastic intubation may be unnecessary in patients undergoing DCR for uncomplicated primary NLDO. **See page 1220**

## Proliferative vitreoretinopathy

Tsui and Schubert report an interventional case series of 41 patients with recurrent retinal detachments caused by anterior intraretinal and subretinal proliferative vitreoretinopathy (PVR), which required greater than 180° retinotomy and silicone oil tamponade. Cataract extraction (49%), high myopia (29%) and lattice degeneration (27%) were pre-operative risk factors. All patients underwent three-port pars plana vitrectomy with 20-gauge instruments. PVR membranes were peeled from the retina surface and from underneath the retina after performing greater than 180 degree relaxing retinotomy. Silicone oil was placed in all eyes. Thirty-seven retinas (90%) remained attached throughout follow-up. Twenty-four patients (59%) saw 20/200 or better. The authors conclude that a large inferior retinotomy and use of silicone oil is beneficial in such cases. **See page 1228**

## Diet and risk of AMD progression

Chiu *et al* evaluated the potential interactions between dietary intakes of the Age-Related Eye Disease Study (AREDS) supplement, enhanced intake of docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA), and reducing dietary glycaemic index (dGI) on the progression of AMD. The data were obtained from 2924 eligible AREDS AMD trial participants. Independent of AREDS supplementation, higher intakes of DHA (>64.0 mg/day), EPA (>42.3 mg/day), and lower dGI (<75.2) were associated with a lower risk for progression to advanced AMD. **See page 1241**

## Early detection of ethambutol toxicity

Menon *et al* conducted a prospective study to evaluate various visual parameters for early detection of ethambutol toxicity (52 patients, 104 eyes) by assessing visual acuity, stereoacuity, visual fields, VER, and RNFL thickness. On follow-up, visual acuity, colour vision, contrast sensitivity, fundus, and stereoacuity were not affected in any patient. Visual field defects developed in 8 eyes. Pattern-VER showed an increased mean latency in 15 eyes. The authors conclude that pattern-VER and visual field examinations are sensitive tests for early detection of ethambutol induced optic neuropathy. **See page 1251**

## A steroid-inducible promoter for the cornea

Parker *et al* assessed the efficacy of a glucocorticosteroid-inducible promoter in controlling transgene expression following lentivirus-mediated gene transfer to ovine and human corneas. They cloned a glucocorticosteroid response element (GRE5) into a lentiviral vector (LV-GRE-IL10) encoding transgene interleukin 10 (IL10). They observed higher IL10 levels with dexamethasone than in controls in supernatants from both ovine and human corneas. Dexamethasone withdrawal resulted in restoration to baseline levels suggesting that a steroid-inducible promoter may be useful for controlling transgene expression in gene modified donor corneal grafts. **See page 1255**