

Canaloplasty for POAG

Grieshaber *et al* studied the safety and effectiveness of viscodilation and tensioning of Schlemm canal (canaloplasty) in 60 black African patients with POAG. The mean preoperative IOP of 45 mm Hg was reduced to 13 mm Hg at 36 months.

The overall success rate was 77.5% (IOP \leq 21 mm Hg). Complication rate was low (Descemet's detachment=2, elevated IOP=1, false passage of the catheter=2).

The authors conclude that canaloplasty produced a sustained long-term reduction of IOP providing a bleb-independent alternative to classic filtering surgery in black Africans. *See page 1478*

Psychosocial impact of visual impairment

In a systematic review of quantitative studies published in English (2001–2008), Nyman *et al* searched for the evidence of lower levels of psychosocial well-being in working-age adults with visual impairment and for interventions to improve well-being. Twenty-nine studies were included as they measured one or more outcomes (depression/mental health, anxiety, quality of life, social functioning or social support). Working-age adults with visual impairment were significantly more likely to report lower levels of mental health, social functioning and quality of life. Studies regarding the prevalence of depressive symptoms were inconsistent. Only three studies investigated psychosocial outcomes of rehabilitation and interventions. The authors conclude that research is required to evaluate the effectiveness of counselling, peer support, and employment programmes in adults with visual impairment. *See page 1427*

AV sheathotomy and intravitreal triamcinolone for BRVO

Hwang *et al* described the treatment of persistent macular oedema secondary to BRVO that was refractory to pharmacotherapy and/or laser photocoagulation with concomitant pars plana vitrectomy/arteriovenous sheathotomy and intraoperative

intravitreal triamcinolone acetonide in four eyes (4 patients). Patients improved from a mean best-corrected visual acuity of 20/124 at baseline to 20/44 at 12 months. All patients demonstrated improvement in visual acuity and macular oedema on fluorescein angiography and/or OCT. The authors conclude that the promising results in their series need to be investigated in larger studies. *See page 1483*

Survival of retinoblastoma in less-developed countries

Canturk *et al* investigated the 3-year survival of retinoblastoma in 48 less-developed countries by performing a systematic review of 164 publications (14 800 patients) from multiple databases. Twenty-six per cent of the articles were written in languages other than English. Estimated survival in LICs was 40% (range, 23–70%); in lower MICs, 77% (range, 60–92%) and in upper MICs, 79% (range, 54–93%). Significant differences were also found in the occurrence of metastasis. The authors conclude that important information from less developed countries is not always available in English. Physician density and human development index were significantly associated with survival and metastasis. Maternal mortality rate and per capita health expenditure were also significantly associated with treatment refusal. *See page 1432*

Randomised trial of screening and prophylactic treatment of primary ACG

Yip *et al* conducted a single-masked randomised controlled trial on 4597 volunteer Mongolian participants (>50 years old) who were randomly allocated to the control, no-screening arm or screening with ultrasound central anterior chamber depth, with the cut-off set at <2.53 mm. Six hundred and eighty-five screen-positive participants were examined and angle closure was identified by gonioscopy in 160, of which 156 were treated with prophylactic LPI. Six years later, 801 (17%) participants were known to have died, and

a further 2047 (53%) were traced and underwent full ophthalmic examination. In an intention to treat analysis using available data, ACG was diagnosed in 33 participants, of which 19 were in the screened group and 14 in the non-screened group, indicating no difference between groups. *See page 1472*

Topical ciclosporin a for treatment and prevention of corneal graft rejection

Javadi *et al* evaluated the efficacy of 2% topical ciclosporin A in treating and preventing graft rejection episodes after penetrating keratoplasty in patients with a history of graft rejection episodes in prospective, randomised, double-blind clinical trial. Penetrating keratoplasty patients were randomly given 2% topical ciclosporin A (22 eyes, group 1) or a placebo (21 eyes, group 2) in addition to a corticosteroid regimen upon an episode of subepithelial or endothelial graft rejection. The topical ciclosporin and placebo were continued for 6 months. The rejection-free graft survival rate at 20 months were similar in two groups (34.8% and 31.7%) indicating that 2% topical ciclosporin A did not offer any advantage to conventional corticosteroid treatment. *See page 1464*

Selective laser trabeculoplasty (SLT) and tonographic outflow facility

Goyal *et al* investigated the effect of primary SLT on tonographic outflow facility and intraocular pressure (IOP) in 40 patients randomly treated with 180 degree (18 eyes) or 360 degree (19 eyes) SLT. Tonographic outflow facility (electronic Schiøtz tonography) increased significantly and IOP decreased significantly from baseline. There were no significant differences between the two groups as regards the increase in tonographic outflow facility and decrease in IOP. However, The level of IOP reduction due to primary SLT treatment could not be explained by the increase in tonographic outflow facility alone. *See page 1443*