

Topical interferon alpha 2b for OSSN

Galor *et al* compared the effectiveness and side-effect profile of two doses of interferon α 2b (IFNa2b) eye-drops (1 million IU/ml vs 3 million IU/ml) in the treatment of ocular surface squamous neoplasia (OSSN). In a retrospective case series of 33 eyes with conjunctival intra-epithelial neoplasia (CIN), 21 eyes were treated with 1 million IU/ml of topical IFN- α 2b; 12 eyes with CIN were treated with 3 million IU/ml. Topical therapy eliminated disease in 81% of eyes in the 1 million IU/ml group versus 92%, in the 3 million IU/ml group ($p=0.41$). Topical therapy was well tolerated. The mean time to tumour resolution was about 12 weeks. After a median follow-up of 24 months, three recurrences were observed. Two eyes with squamous cell carcinoma did not respond to interferon therapy. The authors conclude that, there were no significant differences in the effectiveness between the two dose formulations of IFN- α 2b. *See page 551*

Phacoemulsification skills training and assessment

Spiteri *et al* review the tools currently available for training and assessment of phacoemulsification surgery. Thus far phacoemulsification training outside the operating room include wet labs and micro-surgical skills courses; methods that tend to be unrealistic, inaccurate and inconsistent. Virtual reality simulators have the ability to teach phacoemulsification psychomotor skills, as well as to carry out objective assessment. Assessor bias can be minimised by using video-based assessments such as Objective Assessment of Skills in Intraocular Surgery (OASIS) and Global Rating Assessment of Skills in Intraocular Surgery (GRASIS). The authors conclude that improvements in technology will help to address the limited opportunities for training and assessing phacoemulsification skills. *See page 536*

Infliximab for the treatment of refractory scleritis

Doctor *et al* describe a series of 10 patients of scleritis treated with the TNF inhibitor infliximab. All cases had non-infectious scleritis refractory to traditional immunomodulatory therapy and received 5 mg/kg of infliximab at 4–8 weekly intervals. A favourable clinical response was observed in all patients (within 13 weeks), with six patients achieving remission and cessation of concomitant immunosuppression. Monthly infusions were required to maintain remission. The authors conclude that infliximab may be considered in the treatment of non-infectious scleritis refractory to other treatments. *See page 579*

Open-angle glaucoma and MYOC gene

MYOC is the first gene to be linked to juvenile open-angle glaucoma and some forms of adult-onset primary open-angle glaucoma (POAG). Sohn *et al* evaluated induction of MYOC gene by northern blot analysis in human trabecular meshwork cells cultured in the presence of steroids at a hydrostatic pressure of 32 mmHg. MYOC promoter region was amplified using PCR from genomic DNA of 74 normal controls and 168 unrelated Korean patients with OAG. Hydrostatic pressure had no effect on MYOC induction. Differences in the genotype distribution and allele frequency between the control group and the OAG group were not observed. The authors conclude MYOC gene is not associated with OAG. *See page 638*

Face-down posturing after macular hole surgery: a meta-analysis

Tatham and Banerjee performed a literature search to identify studies related to posturing duration following macular hole surgery. Of the 17 studies investigating the effect of face-down posturing time on the outcome of macular hole surgery, only nine studies included a comparison group and were deemed suitable for meta-analysis. The

authors calculated RR of anatomical failure of 1.34 (95% CI 0.66 to 2.72) with face-down posturing for 24 h or less compared with facedown posturing for 5–10 days, but this was not statistically significant ($p=0.42$). The study design was too dissimilar to allow a meaningful comparison of visual acuity outcomes. The authors conclude that there is insufficient evidence to suggest that face-down posturing following macular hole surgery influences hole closure rates. A well-conducted randomised control trial is needed. *See page 626*

Clinical outcomes of epi-LASIK with and without mitomycin-C

Kim *et al* compared the clinical outcomes of epi-laser in situ keratomileusis (LASIK) performed either on-flap or off-flap with or without 0.02% mitomycin-C (MMC) in a non-randomised comparative retrospective study of 198 patients (394 eyes). Patients were classified into four groups: Group I, on-flap without MMC, 181 eyes; Group II, on-flap with MMC, 52 eyes; Group III, off-flap without MMC, 93 eyes; Group IV, off-flap with MMC, 68 eyes. The authors observed stable myopic correction at 1 year in all four groups. Hazy level was not significantly different among groups. Overall, the off-flap method offered faster visual recovery and less postoperative pain than the on-flap method. *See page 592*

Treatment of fundus albipunctatus, with oral 9-cis-b-carotene

Rotenstreich *et al* treated seven patients with fundus albipunctatus with a daily food supplement of four capsules containing high-dose 9-cis-b-carotene for 90 days in a non-randomised prospective phase I study. All patients showed significant improvements in peripheral visual field and a highly significant improvement in rod recovery rates. No side effects were observed. The authors conclude that 9-cis-b-carotene should be further evaluated in other retinal dystrophies of similar mechanisms. *See page 616*