

Highlights from this issue

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Graded unilateral and bilateral medial rectus recession for esotropia

Wang and Wang compared the post-operative surgical outcomes and the changes in deviation achieved per mm of recession in patients treated by graded unilateral medial rectus (UMR, 49 patients) or bilateral medial rectus (BMR, 53 patients) recession for constant esotropia measuring 15–35 PD and 30–70 PD, respectively. Successful alignment was defined as ± 8 PD of orthophoria in primary and lateral gaze. The authors did not observe significant differences in the success rates; variation in the mean change in deviation; and the mean correction in PD per mm of muscle recession in the UMR and BMR recession groups. These results show that UMR recession is an effective procedure with predictable results for the treatment of small to moderate angle esotropia. (*see page 540*)

Gold weight implants in upper eyelid loading

Bladen *et al* retrospectively reviewed 95 consecutive patients (107 eyelids) that underwent primary gold weight implants for lagophthalmos. Implant placement utilised a combined high pretarsal placement, levator recession and fixation. Revision surgery was needed in 15 (14%) eyelids, majority within 12 months. Indications for revisions included prominent implants (71%) and poor eyelid contour (67%). Following final revision, high pretarsal placement was successful in treating lagophthalmos in the majority of cases. (*see page 485*)

Effects of systemic $\alpha 1$ -adrenoreceptor antagonists on pupil diameter

Cooney *et al* assessed differences in pupil diameter between men taking systemic $\alpha 1$ -adrenoreceptor antagonists (Flomax, Uroxatral, Cardura and Hytrin; 18 men) and controls (31 men). Pre-dilation and post-dilation pupil diameters were

recorded using a pupillometer in mesopic and scotopic conditions. The authors did not observe statistically significant difference in pupil mydriasis of patients taking $\alpha 1$ -antagonists (selective or non selective) versus controls. Given the high reported incidence of intraoperative floppy iris syndrome during cataract surgery in patients on $\alpha 1$ -antagonists, it is reasonable to conclude that preoperative pupil dilation diameter can not be relied on to estimate the risk of intraoperative floppy iris syndrome. (*see page 490*)

Blindness in Western Australia: a population study

Crewe *et al* determine the prevalence of blinding eye disease in Western Australia using a capture and recapture methodology. Three independent lists (state-wide blind register, hospital outpatient eye clinics, ophthalmologists' eye clinics) of residents of Western Australia who were also legally blind were collated during the capture periods in 2008–2009. Log-linear models were used to calculate the best fit and estimate the prevalence of blindness. The best estimate of the prevalence of blindness in Western Australia was 3384 (95% CI 2947 to 3983) or 0.15% of the population of 2.25 million. Extrapolating to the national population (21.87 million) gave a prevalence of legal blindness of approximately 0.15%. The calculated prevalence of blindness suggested that up to 30% of legally blind people may not be receiving available financial support and up to 60% were not accessing rehabilitation services. (*see page 478*)

'Kite-tail' fascia lata strips technique using a non-endoscopic minimally invasive single-thigh incision approach

Evereklioglu describes 'kite-tail' strips or a 'multiple Z-plasty' technique on an autogenous fascia lata graft without a stripper to correct severe blepharoptosis by frontalis suspension (26 eyelids of 18 patients). Only a small skin incision was made on the leg measuring 2 cm. A final of

3.5×0.6 cm or 5×1 cm fascia lata strip was obtained according to the ptosis laterality (10 unilateral, 8 bilateral). The obtained fascia lata graft was then dissected by a described stripping technique for a final of one or two fascia lata strips approximately 12.5 cm × 2 mm long. This is a simple, safe and efficient technique that avoids extended blunt dissections and may be preferred when a fasciotome or videoendoscope is not available or fails to harvest sufficient fascia lata. (*see page 570*)

HIV status and ocular surface squamous neoplasia

Makupa *et al* describe the clinical characteristics of ocular surface squamous neoplasia (OSSN, 150 patients) in a sub-Saharan referral hospital setting according to histopathological diagnosis and HIV status. One hundred and twenty-eight patients were (86%) were under the age of 50 years and 60% were HIV positive. The median CD4 cell count was 71 cells/ μ l among HIV-positive cases. Independent of size of the OSSN, the lesions of patients who were HIV positive were more likely to be higher grade malignancy with greater likelihood of recurrence than those who were HIV negative. (*see page 482*)

Computer-aided diagnostic tool for AMD

Serrano-Aguilar *et al* report the technical validity of a new computer-aided diagnostic software (CAD) for automated analyses of OCT images for the purpose of screening for neovascular AMD. Artificial visual techniques were used to develop the CAD in two steps: normalisation and feature vector extraction from OCT images; and training and classification by means of decision trees. Images were classified as normal or abnormal to serve for screening purposes. The sensitivity of the CAD was 96% and the specificity 92%. This new CAD for automated analysis of OCT images may offer a cost-effective tool for population screening. (*see page 503*)