

Highlights from this issue

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200 kHz Femto-LASIK

von Mohrenfels *et al* studied in vivo LASIK cuts with a new prototype 200 kHz femtosecond laser in 20 eyes (11 patients). In this pilot series, flap creation was possible in each case. The preoperative MRSE improved from -4.22 D (SD ± 1.22 D) to -0.15 D (SD ± 0.16 D) 12 months after surgery. Eighteen of the 20 treated eyes were within ± 0.5 D and all eyes were within ± 1.0 D of the intended correction. Femto-LASIK with this new laser system showed high levels of safety, stability and efficacy. (*see page 788*).

The role of OCT in identifying shape and size of idiopathic epiretinal membrane

Hajnajeb *et al* investigated the role of the preoperative OCT retinal thickness map (RTM) in identifying the shape and the size of the idiopathic epiretinal membrane (iERM) in 15 eyes that underwent vitrectomy with indocyanine green-assisted membrane peeling. Analysis of iERM morphologic characteristics (shape) showed a similarity between the iERM contour and the corresponding RTM in 13 cases (86.6%). Furthermore, retinal folds were found in six iERMs and in their corresponding RTMs. A positive correlation between the iERM area and each studied coloured area in RTM was observed. (*see page 867*).

Toxicity of voriconazole on corneal endothelial cells

Han *et al* assessed effect of intracamerally injected concentrations of voriconazole (0%, 0.03%, 0.1%, 0.25%, 0.5% and 1%) on corneal endothelial cells in 36 rabbit eyes (six eyes for each concentration). In each group, five of six corneas were used for the live/dead cell assay (staining with alizarin red and trypan blue) and one cornea for scanning electron microscopy. There was no significant difference in endothelial cell counts and central corneal thickness among the six groups at any time points. The live/dead cell assay revealed no

difference in the mean percentage of dead endothelial cells among the six groups. However, scanning electron microscopy revealed blurring of cell border at voriconazole concentrations $\geq 0.25\%$, indicating cell wall damage. (*see page 905*).

The clinical course of juvenile idiopathic arthritis-associated uveitis

Hoeve *et al* investigated the course and activity of juvenile idiopathic arthritis-associated uveitis in childhood and puberty (62 patients). Uveitis activity took a biphasic course with a quiet phase around the age of 9 years and showed increased activity during early teenage years. The biphasic course was significantly related to age but not to uveitis duration. More patients were treated with systemic immunosuppressive medication during puberty compared with prepuberty years. The presence of cystoid macular oedema and papillitis was not significantly related to puberty, but the development of a hypotonous eye was more frequently observed in boys. (*see page 852*).

Agreement among three types of SD OCT in measuring RNFL thickness

Kanamori *et al* evaluated the agreement of parapapillary retinal nerve fibre layer (RNFL) thickness among three SD OCT instruments (Cirrus, RTVue and 3D OCT) in 203 glaucomatous eyes and 88 normal eyes. The average and the four quadrant RNFL thicknesses were evaluated. Cirrus showed significantly smaller thickness values (difference = 8.8 μm) and 3D OCT (difference = 8.1 μm). Although RNFL measurements among the instruments were highly correlated, these instruments should not be used interchangeably. (*see page 832*).

Sight loss from glaucoma

Kotecha *et al* reviewed the characteristics of 100 consecutive patients certified as

sight impaired or severely sight impaired from glaucoma. The median age of patients at presentation was 66.3 (55.6 to 75.3) years; median interval to certification was 62.2 (22.5 to 129.3) months. Fifty-seven patients presented with bilateral severely sight impaired with interval to certification of 35.4 (5.6 to 78.1) months. Seventeen patients presented with a bilateral sight impaired with median interval to certification of 137.4 (64.4 to 190.4) months). Despite being under the hospital eye service, 28 patients still progressed to certifiable visual impairment. (*see page 816*).

Increased risk of uveitis in coeliac disease

Mollazadegan *et al* examined the risk of uveitis in patients with biopsy-verified coeliac disease (CD). Small intestinal biopsy reports were collected from all (28) pathology departments in Sweden. From these reports, 29044 patients with CD were identified. Uveitis was defined according to relevant ICD in the Swedish National Patient Register. During follow-up, 148 patients with CD developed uveitis (expected count 112), corresponding to a HR of 1.32 (95% CI 1.10 to 1.58). The absolute risk of uveitis was 50/100000 person-years in CD. The risk of uveitis persisted even 5 years after CD diagnosis. CD might be considered in patients with uveitis of unknown aetiology. (*see page 857*).

Endophthalmitis following intravitreal injection

Simunovic *et al* compared the causative organisms, clinical features and visual outcomes of endophthalmitis following intravitreal injection (IVI) to endophthalmitis following cataract surgery. Of the 101 patients in the study, 48 had preceding cataract surgery and 53 had preceding IVI. Endophthalmitis following IVI was associated with an increased incidence of *Streptococcus* spp. infection (24.53% vs 6.25%), earlier presentation, and poorer visual outcomes when compared with post cataract endophthalmitis. (*see page 862*).