

# Highlights from this issue

doi:10.1136/bjophthalmol-2012-302471

Michelle English, *Editor-in-Chief*

## Grading of cataracts using an objective scatter index

Vilaseca *et al* evaluated intraocular scattering in eyes with nuclear, cortical and posterior subcapsular cataracts (188 eyes, 136 patients) by means of an objective scatter index (OSI) obtained from double-pass images. They found a decrease in the BSCVA and an increase in the OSI with increasing cataract grade. There was good agreement between the OSI and lens opacities classification system III. OSI is a useful parameter for objective assessment of intraocular light scattering. (*see page 1204*)

## Angle closure glaucoma in Europeans

Day *et al* estimated the prevalence of primary angle closure glaucoma (PACG) in European derived populations by means of systematic review and modelling of PACG prevalence data from population studies. Prevalence estimates were applied to the 2010 United Nations population. The prevalence of PACG in those 40 years or more was 0.4%. Three-quarters of the cases were females. It is estimated that there are 1.60 million cases of PACG in Europe (130 000 in the UK). With ageing population, the number cases are predicted to increase within the next decade. (*see page 1162*)

## Clinical features of reticular pseudodrusen

Lee *et al* evaluated the morphological features and prevalence of accompanying late age-related macular degeneration (AMD) according to the fundus distribution of reticular pseudodrusen (RPD) in 233 eyes (121 patients). The distribution of RPD was localised, intermediate and diffuse type in 31%, 40% and 29% of eyes, respectively. The prevalence of accompanying late AMD was 14%, 14% and 57% in the localised, intermediate and diffuse type, respectively, and it was significantly higher in the diffuse type. RPD can be classified by the fundus distribution for the assessment of visual prognosis. (*see page 1222*)

## VEGF in mast cells promotes the neovascularisation of pterygia

Liang *et al* analysed the relationship between mast cells and vascularisation in pterygia (52 samples). Formalin-fixed, paraffin wax-embedded tissues were analysed by immunohistochemistry with CD31 and VEGF antibodies. They observed that mast cells were located near the microvessels and the numbers of mast cells in pterygia were significantly higher compared with those in conjunctiva. Moreover, there was an association between mast cell count and microvessel density in pterygia. Dual-immunofluorescence showed that VEGF and mast cell tryptase were expressed in the same cell suggesting that mast cells have a function in the vascularisation of pterygia through the secretion of VEGF. (*see page 1246*)

## Central corneal thickness and IOP in children

Resende *et al* investigated changes in central corneal thickness (CCT) and intraocular pressure (IOP) in children after surgery for congenital cataract (37 eyes, 26 children). After surgery, 15 eyes were aphakic and 22 pseudophakic. Mean CCT significantly increased from 556  $\mu\text{m}$  to 585  $\mu\text{m}$  after 3 years, whereas mean IOP significantly increased from 12.1 to 13.9. After 3 years, mean CCT change in aphakic eyes (56.10  $\mu\text{m}$ ) was significantly higher than in pseudophakic eyes (12.71  $\mu\text{m}$ ). Age at the time of surgery was inversely correlated to CCT change. IOP change was not correlated to CCT change. (*see page 1190*)

## Cone photoreceptor degeneration in achromatopsia

Thomas *et al* characterised longitudinal progressive retinal changes with ultra-high-resolution spectral optical coherence tomography in five children and three adults with achromatopsia. Each patient was scanned twice with a mean follow-up time of 16 months. Younger patients (<10 years) showed progressive

morphological changes at the inner segment/outer segment (IS/OS) junction and a decrease in central macular and outer nuclear layer thickness between visits. However, older patients (> 40 years) did not have any progressive morphological changes. The dynamic retinal changes in younger patients provide evidence that achromatopsia is a progressive disorder. Gene therapy during the early stages of the disease may provide best prognosis. (*see page 1232*)

## Clinical characteristics of open-angle glaucoma in the Collaborative Initial Glaucoma Treatment Study

Musch *et al* compared demographic, ocular and systemic medical information collected on 607 CIGTS enrollees with three types of open angle glaucoma (OAG) (primary, pigmentary and pseudoexfoliative) at diagnosis to determine if the glaucoma type affected the prognosis. They observed that relative to people with primary OAG, those with pigmentary OAG were younger, more likely to be white, less likely to have a family history of glaucoma, and were more myopic. Those with pseudoexfoliative OAG were older, more likely to be white, more likely to be women, less likely to have bilateral disease, and presented with higher IOP and better visual acuity. The type of glaucoma was not associated with IOP or visual field progression during CIGTS follow-up. (*see page 1180*)

## DALK in patients with herpes simplex related corneal scarring

Lyall *et al* report long term visual outcomes, complications and graft survival of 18 patients undergoing deep anterior lamellar keratoplasty (DALK) for corneal scarring secondary to herpes simplex virus (HSV) keratitis. Six patients (33%) experienced a recurrence of HSV keratitis and 9 (50%) experienced an episode of graft rejection. There were five cases (28%) of graft failure, four of whom had had a previous episode of graft rejection. (*see page 1200*)



## Corrections

---

doi:10.1136/bjophthalmol-2012-302471corr1

English M. Highlights from this issue. *Br J Ophthalmol* 2012;96:i. The author of the Cover illustration text was incorrectly printed as M English. The correct author list is Arun D Singh and Harminder S Dua.

*Br J Ophthalmol* 2013;97:114. doi:10.1136/bjophthalmol-2012-302471corr1