Highlights from this issue

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Arun Singh and Harminder Dua, *Editors-in-Chief***DEEP ANTERIOR LAMELLAR KERATOPLASTY: A NEW MANUAL TECHNIQUE**

Rama *et al* report visual outcomes in 288 eyes undergoing deep anterior lamellar keratoplasty with a new manual dissection technique. A deep corneal incision was obtained with a calibrated diamond knife to reach a pre-Descemet plane. At the 2-year postoperative follow-up, the mean logarithm of the minimum angle of resolution best spectacle corrected visual acuity was 0.131 ± 0.087 and topographic astigmatism was 2.87 ± 1.57 dioptres. Descemet membrane perforation required conversion to penetrating keratoplasty in 12 cases (4.2%).

Lower optical coherence tomography (OCT) residue thickness was associated with higher acuity.

POSTERIOR CAPSULE OPACIFICATION WITH 1-PIECE AND 3-PIECE IOL

Prinz *et al* compared the intensity of posterior capsular opacification (PCO) between 1-piece and a 3-piece IOL in a prospective randomised study of 80 eyes (40 patients). Each patient received a 1-piece IOL in one eye and a 3-piece IOL (Hoya, Tokyo, Japan) in the other eye.

At the 1-year follow-up, PCO was assessed using a standardised high-resolution digital retroillumination images analysed using an automated image analysis software. The mean PCO score (1-piece IOL: 0.2, 3-piece IOL 0.3) and the laser capsulotomy rate (two cases in 3-piece IOL group) were low and comparable for both types of IOL.

OCT IN VOGT-KOYANAGI-HARADA DISEASE

Silva *et al* evaluated the choroidal thickness (CT) in 16 patients (30 eyes) with long-standing Vogt-Koyanagi-Harada (VKH) disease using enhanced depth imaging optical coherence tomography (EDI-OCT). CT was measured at the fovea and at 1000 μm intervals in both temporal and nasal directions. The choroid was significantly thinner in patients ($250.7 \mu\text{m} \pm 93.3$) when compared to controls ($333 \mu\text{m} \pm 85.8$). Foveal

CT measurement had a negative correlation with disease duration but lacked correlation with active disease. There was a trend towards more severe fundus changes associated with a thinner choroid. Clinical significance of these observations remains to be determined.

OCT IN RETINOBLASTOMA

Rootman *et al* report clinical and morphologic correlation of 22 retinoblastoma intraocular lesions (16 patients) that were imaged with spectral domain optical coherence tomography (SD OCT). Small lesions were localised to the middle retinal layers. In conjunction with indirect ophthalmoscopy, SD OCT imaging can assist in diagnosis of new lesions, monitoring response to laser therapy, and identify edge recurrences.

SUBCONJUNCTIVAL BEVACIZUMAB INDUCES REGRESSION OF CORNEAL NEOVASCULARISATION

Petsoglou *et al* evaluated the off-label use of subconjunctival bevacizumab in 30 patients with recent-onset for corneal neovascularisation (CoNV) randomly assigned into a doublemasked placebo-controlled trial. Each eye received three 0.1 ml injections containing either 2.5 mg bevacizumab or 0.9% saline at monthly intervals. Dexamethasone 0.1% drops were used four times a day for the first month. The intervention was well tolerated. The mean area of CoNV reduced by -36% in the 15 eyes that received bevacizumab compared with an increase of 90% in the control group. Visual acuity, central corneal thickness, intraocular pressure and endothelial cell counts were similar between groups.

AIR VERSUS GAS TAMPONADE IN RETINAL DETACHMENT SURGERY

Tan *et al* compared the outcome of air tamponade (128 eyes) with sulphur hexafluoride 20% gas tamponade (318) eyes) in primary vitrectomy for the treatment of rhegmatogenous retinal detachment. Cases with inferior retinal breaks were excluded. Overall, retina was attached after a single operation in 85% of cases.

Eyes treated with air (81%) or gas (87%) had similar success rate. Sub-analysis revealed that in eyes with retinal detachment that involved the inferior quadrants, primary success rate was significantly lower with air tamponade (67%) compared to gas tamponade (87%). Further prospective study is needed to confirm these observations.

FADEN OPERATION FOR PARTIALLY ACCOMMODATIVE ESOTROPIA

Akar *et al* retrospectively evaluated the results of Faden operations on the medial rectus (MR) muscles with or without recession for the treatment of partially accommodative esotropia. 108 of 473 patients received Faden operations on both MR muscles. Faden operation combined with symmetric MR muscle recession was performed on 365 patients. For the Faden operation, a satisfactory outcome of 77% at 1 month postoperation, decreased to 71% by the final follow-up visit (mean 4.8 years). In the combined group, a satisfactory outcome of 79% at 1 month post-operation, decreased to 78% by the final follow-up visit. The effect of Faden operation not combined with MR muscles recession declines over time.

INCOMPLETE PUNCTAL CANALISATION: OUTCOMES OF MEMBRANOTOMY AND ADJUNCTIVE PROCEDURES

Ali *et al* studied 55 dysgenetic puncta of 22 consecutive patients in prospective interventional study. Bilateral punctal involvement was seen in 59% and all the four puncta were affected in 32% of the patients. All patients underwent membranotomy, after which the canaliculi were assessed with probing and irrigation (requiring mini-monoka intubation (9%), Crawford's bicanalicular intubation (9%), and dacryocystorhinostomy in (5%)). The anatomical patency was achieved in 100% and relief from symptoms in 91% of the patients.