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Arun Singh, Harminder Dua, *Editors-in-Chief***INTRAVITREAL RANIBIZUMAB FOR RETINOPATHY OF PREMATURITY**

Castellanos *et al* evaluated outcome in six eyes of premature infants treated with intravitreal ranibizumab injections for retinopathy of prematurity (ROP) with high-risk prethreshold or threshold ROP with plus disease. All eyes showed complete resolution of neovascularisation after a single injection. The anti-angiogenic intravitreal injections allowed for continued normal vessel growth into the peripheral retina, without any signs of disease recurrence or progression, and systemic adverse effects over 3 years of follow up.

TREATMENT OF RETINITIS PIGMENTOSA WITH VPA

Bhalla *et al* determined the long-term efficacy and safety of valproic acid (VPA) treatment in 31 patients with retinitis pigmentosa. Visual field (VF), visual acuity (VA), length of treatment, liver enzymes and side effects were analysed. In five patients (10 eyes) with two Goldmann VF tracings, comparison between baseline and follow-up after 9.8 months revealed decreased VF by 0.145 cm² (26.5%). For 22 of the patients (41 eyes) with VA data, logMAR score changed by 0.056 log units (representing a decline in VA) after 14.9 months of treatment. Twelve patients (39%) reported side effects related to VPA use. The authors advise caution in recommending VPA for retinitis pigmentosa.

AQUEOUS FLARE IN CME

Ersoy *et al* analysed the relationship of clinically significant cystoid macular oedema (CME) after phacoemulsification to blood–aqueous barrier breakdown as determined by aqueous flare, VA and retinal thickness in 30 eyes. 46 pseudophakic and 45 phakic eyes without CME served as controls. Aqueous flare was measured quantitatively with the Kowa FM-500 Laser Flare-Cell Meter. Patients with CME had significantly higher flare values compared with pseudophakic patients. For patients with CME, aqueous flare values correlated significantly with BCVA, while there was no correlation

with retinal thickness. Aqueous flare is a marker for inflammation and breakdown of the blood–retinal barrier in patients with CME after cataract surgery.

ARE PRACTICAL RECOMMENDATIONS ON FREQUENCY OF VF TESTING IN GLAUCOMA PRACTICED?

Fung *et al* estimated current clinical practice of frequency of VF monitoring in glaucoma in England by performing a cross-sectional review of 104 patients with chronic open angle glaucoma during the first 2 years since diagnosis attending specialist glaucoma clinics. None of the patients met European Glaucoma Society (EGS) guidelines EGS, but 87% of patients had their monitoring intervals in accordance with National Institute of Clinical Excellence (NICE) guidelines. These intervals were not related to disease severity or VF stability but shortened significantly when IOP control was inadequate or when the overall clinical impression was of disease progression.

SEVERE VISUAL IMPAIRMENT AND BLINDNESS IN SURINAME

Heijthuijsen *et al* determined the causes of severe visual impairment and blindness (SVI/BL) in 4643 children under 16 years of age from two locations in Suriname (Dutch Guyana) so as to identify preventable and treatable causes. 33 children attending the school for the blind were examined and 4610 medical records were analysed at an eye clinic (data collected using the WHO Prevention of Blindness Programme eye examination records). 65 children were identified with SVI/BL. Avoidable causes of SVI/BL accounted for 40% of cases; 8% were preventable and 32% were treatable (cataracts and ROP). Corneal scarring from vitamin A deficiency does not seem to be a significant cause of childhood blindness in Suriname.

ORAL GABAPENTIN PREMEDICATION FOR INTRAOCULAR SURGERY

Kavitha *et al* compared effects of gabapentin premedication with diazepam in a randomised double-blind study of 56

elderly patients (age 60 years and above) undergoing cataract surgery. There was significantly more sedation in the diazepam group than in the gabapentin group. However, there was less subjective anxiety in the gabapentin group than in the control group. Overall, premedication with oral gabapentin in elderly patients undergoing elective intraocular surgery produced intraoperative anxiolysis, decreased sedation, a modest decrease in IOP and improved postoperative recovery.

IN VIVO OCT IN PERIOCCULAR BCC

Pelosini *et al* investigated in vivo optical coherence tomography (VivoSight, OCT) for imaging of 15 periocular basal cell carcinoma (BCC). The OCT horizontal margins correlated positively with histology. Histological features of lobular pattern (100%); dilated blood vessels (80%); reflective margins of tumour lobules (100%); and epidermal thinning (100%) could be identified by in vivo OCT. Overall, a strong positive correlation could be demonstrated between the measurements of horizontal margins of periocular BCCs using in vivo OCT and histology. However, depth of invasion could not be reliably assessed with OCT.

OCT GUIDED INTRASTROMAL FLUID DRAINAGE FOR ACUTE CORNEAL HYDROPS

Vajpayee *et al* described a new technique of anterior segment OCT guided intrastromal fluid drainage through multiple corneal stromal venting incisions along with anterior chamber air tamponade in five patients with acute corneal hydrops. The DM attached on first postoperative day in four cases and corneal oedema resolved over 2–3 weeks in all cases.

Competing interests None.

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