

Highlights from this issue

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In this August issue of the BJO, Sacchetti and colleagues performed a meta-analysis of previously published randomized controlled trials on the topical use of cyclosporine A for the therapy of dry eyes.¹ They found that all cyclosporine A formulations proved safe for the treatment of dry eye disease, and that symptoms improved in 9 out of 9 trials, while tear function improved in 13 out of 18 studies. Topical therapy with cyclosporine A was not successful for dry eye disorders resulting from surgical procedures, contact lens use and thyroid orbitopathy. The authors concluded that although topical cyclosporine A was safe treatment for dry eye disorders, there was only limited evidence for its therapeutic efficacy. The authors state that standardised diagnostic criteria are warranted to assess the efficacy of topical cyclosporine A.

Hong *et al* emphasize the importance of performing tests for tuberculosis, such as the purified protein derivative test, in patients with uveitis, in particular if the patients come from tuberculosis endemic regions.²

Karabas and coworkers report on an abnormal thin subfoveal choroid in children with oculocutaneous albinism while the peripapillary choroid had normal thickness measurements.³ In addition, the children with albinism did not show the foveal light reflex nor the foveal pit. The authors discuss the potential association between the abnormally thin

subfoveal choroid and the albinotic abnormalities in the foveal retina.

Ang *et al* assessed the corneal endothelial cell density following Descemet's stripping automated endothelial keratoplasty (DSAEK) in eyes with pseudophakic bullous keratopathy while retaining the anterior chamber intraocular lenses.⁴ They found that at three years after surgery, the percentage of endothelial cell loss was significantly greater in the DSAEK with anterior chamber intraocular lens group compared to a DSAEK group with posterior chamber intraocular lens ($55.3 \pm 29.2\%$ vs $33.3 \pm 20.8\%$; $p=0.01$). In a similar manner, graft survival was significantly poorer in the DSAEK with anterior chamber intraocular lens group (log rank $p=0.002$).

Using retinal microperimetry and optical coherence tomography the study by Sayegh and colleagues revealed that outer retinal layers, in addition to the retinal pigment epithelium, are significant for retinal sensitivity loss in patients with geographic atrophy.⁵

Fukushima *et al* showed that tacrolimus eye drops were highly effective in treating refractory allergic conjunctivitis with proliferative lesions and/or corneal involvement, and might reduce or replace topical steroid use.⁶

Albahlal *et al* reported on six patients who were diagnosed with sympathetic ophthalmia following treatment with diode laser cyclophotocoagulation. They

conclude that sympathetic ophthalmia can occur in patients who underwent diode laser cyclophotocoagulation and who had a history of intraocular surgery with or without previous trauma.⁷

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