

Figure 2

vessel wall rupture by an apparently excessive pressure gradient across the vessel wall.³

A spontaneous suprachoroidal haemorrhage can result in angle closure glaucoma and corneal oedema secondary to forward displacement of the iris-lens diaphragm.⁵ In our case the angle was open at the time of examination.

Typically, patients experience a sudden onset of severe ocular pain with a subsequent loss of vision. Headache, nausea and vomiting may also accompany the ocular pain.¹

Suprachoroidal haemorrhage after valsalva manoeuvre has been reported in patients either on systemic anti-coagulants, treated with streptokinase or in eyes with previous ocular surgery (scleral buckle).²⁻⁵

To our knowledge, this is the first reported case of spontaneous choroidal haemorrhage in an individual who is not on any anticoagulants or has had no past history of ocular surgery.

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Sir,

Complete spontaneous regression of a basal cell carcinoma

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A case of spontaneous regression of a basal cell carcinoma is presented.

Case report

A 76-year-old man under review for glaucoma in the right eye presented to the eye clinic with a large lesion on the medial aspect of the right lower lid in January 1997. The lesion had a maximum horizontal diameter of 11 mm and a vertical diameter of 12 mm. It had a central ulcerated crater with a raised pearly rolled edge (Figure 1a). Based on the location and clinical appearance of the lesion, a provisional diagnosis of basal cell carcinoma (nodular) was made and an incisional biopsy was performed. Histology was consistent with an adenoid basal cell carcinoma. The patient was put on the waiting list for excision of the basal cell carcinoma with a skin graft in February 1997. When reviewed in March 1997 the lesion had become smaller in size, so surgery was postponed. On subsequent follow-up in June 1997, it had disappeared completely (Figure 1b). The patient has been under follow-up for 4 years with no evidence of recurrence of the basal cell carcinoma.

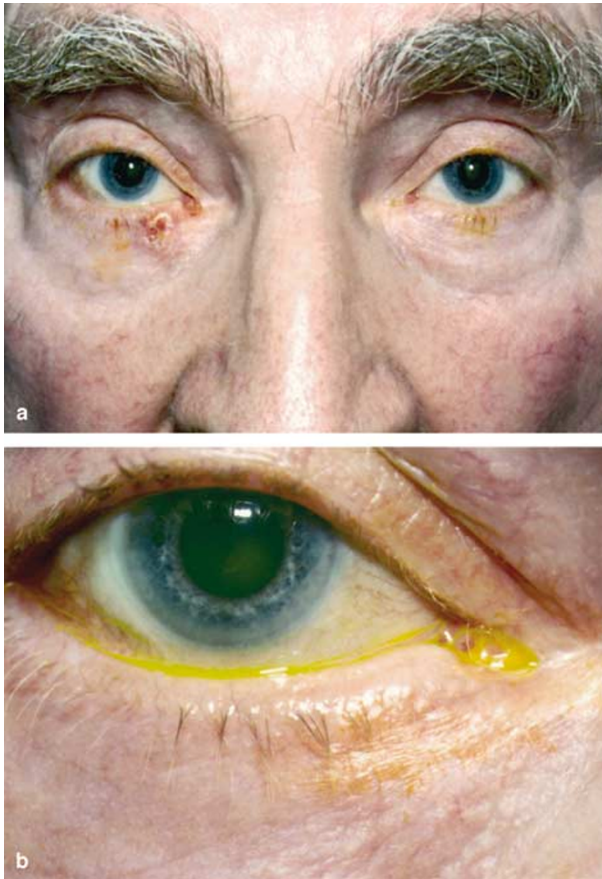


Figure 1 (a) The basal cell carcinoma on the lower lid as seen on presentation in January 1997. (b) Complete spontaneous regression of the basal cell carcinoma in July 1997.

Discussion

Basal cell carcinoma (rodent ulcer), the most common tumour affecting the eyelids, is responsible for considerable morbidity owing to its locally invasive nature.¹ Arising from the basal layer of the epidermis, it is responsible for 85–90% of lid malignancies, two-thirds of which are seen in the lower lid.^{1,2}

Diagnosis is made on the clinical appearance and confirmed by histology, the adenoid and metatypical types being the most common differentiated forms.³ The usual course of the disease is a gradual enlargement of the lesion with underlying tissue destruction necessitating treatment. Treatment options include cryotherapy, radiation, chemotherapy, laser ablation and electrodesiccation, but surgical excision is the most widely accepted treatment of choice.⁴

Regression of epithelial skin tumours like keratoacanthoma, familial self-healing epithelioma, melanoma and basal cell carcinoma has been reported in dermatology.^{5,6} An immune response mediated by CD4+

T lymphocytes through the release of cytokines^{6,7} has been postulated to be the causative mechanism. Partial regression of basal cell carcinomas has been reported in about 50% of skin lesion;⁵ however, a complete regression of the lesion as in the present instance has, to the best of our knowledge, never been reported in ophthalmic literature.

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Sir,

Delayed allergic reaction to hyaluronidase: a rare sequel to cataract surgery

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Peribulbar anaesthesia using lignocaine or bupivacaine is frequently used in ophthalmic surgery. Hyaluronidase is often used as an adjunct to aid dispersal of these agents.^{1–4} We report a case of orbital inflammation secondary to delayed postoperative hyaluronidase allergy leading to visual loss.