Sir,

Photodynamic therapy for age-related macular degeneration

Talks *et al*[1] in their article estimate an incidence of 1300 eligible patients for this treatment in the UK (population of 60 million) using the 2001 NICE guidelines which allowed treatment of second eyes affected by classic choroidal neovascularisation (CNV).[2] In 2003, NICE published its recommendations allowing treatment with PDT for all eyes with classic CNV without an occult component (1.1) and recommended predominantly classic with occult CNVs should be treated only as part of on-going or new clinical studies (1.2).[2] Their estimate was that 126 per million population (around 7500 patients in the UK) will need PDT annually. We have attempted to determine the impact of NICE guidelines on the PDT service in a DGH serving as primary care centre. In addition, we have also determined the proportion of cases with all primary forms of neovascular AMD eligible for treatment with PDT according to TAP guidelines.

Methods

A total of 205 patients with clinical features of neovascular AMD and vision $\geqslant 6/60$ underwent digital fundus fluorescein angiography (FFA) during 2001–2003, during which time we were offering a named-patient NHS PDT service. The first FFA performed for each patient was reviewed unless the second eye presented with CNV, in which case it was included as a new patient. Two reviewers reviewed the stereoscopic FFAs and colour fundus photographs. Determination of lesion type was based on agreement by two graders, with a consensus opinion if there was disagreement. Fluorescein analysis of the components of CNV was defined by the TAP study protocol.[3,4]

Results

Fluorescein angiographic characteristics were classified as shown in Table 1. The proportion of patients with classic with no occult CNVs (NICE guidelines 1.1) was 12% (95% CI 11–15). The proportion of patients eligible for treatment according to NICE guidelines 1.1 and 1.2 (TAP guidelines) was 27% (95% CI 24–31).

Discussion

Based on these figures, we estimate that approximately 11 new PDT treatment courses per year would be required in our catchment population of around 350 000 using NICE guidelines (1.1) or 25 patients under the TAP protocol (NICE 1.1 and 1.2). By extrapolation, the incidence of treatable patients in the whole of UK would be around 1900 if only NICE 1.1 is considered, increasing to 4300 patients if both NICE 1.1 and 1.2 eligible patients are treated (the proposed VPDT cohort study).

While these figures may be an underestimate due to patients presenting late or presenting at other units, we believe that both the proportion of treatable patients and the number of patients from our DGH figures are broadly similar to those presented by Talks *et al* from a regional centre. Both studies suggest that the number of patients needing PDT will be fewer than that estimated by NICE. These figures may be useful when costing and implementing new PDT services, as recommended by NICE guidelines.

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Table 1 Fluorescein subtypes of CNV

CNV	*Subfoveal*	*Juxtafoveal*	*Extrafoveal*	*Total*
Classic with no occult CNV	25	4	7	36 (17%)
Predominantly classic with Occult CNV	30	5		35 (17%)
Minimally classic CNV	30	2		32 (16%)
Occult with no classic	100	1	1	102 (50%)
Total	185	12	8	205

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Sir,

Anterior ischaemic optic neuropathy secondary to Henoch–Schönlein Purpura

Henoch–Schönlein Purpura (HSP) is a systemic vasculitis, usually seen in children and believed to be caused by immune-complex deposition. Features include palpable purpura, arthralgia, gastrointestinal signs and symptoms, and glomerulonephritis.[1]

We report a case of anterior ischaemic optic neuropathy (AION) in a patient with HSP.

Case report

A 54-year-old male noninsulin-dependent diabetic patient presented with sudden painless right-sided visual loss. He had no symptoms of temporal arteritis and no ocular history of note. Right visual acuity was CF and there was a RAPD. The right optic disc was swollen (see Figure 1). Anterior segment and vitreous were normal. There was no diabetic or hypertensive retinopathy. The left eye was normal. Nonarteritic ischaemic optic neuropathy was diagnosed.

When the patient was reviewed 24 h later, ESR was 90 mm/h. The patient disclosed that he had been diagnosed with HSP 18 months previously, and had received systemic steroids until a recent episode of poor diabetic control. An exacerbation of HSP occurred 2 weeks before the onset of visual symptoms, with joint pain and rashes. The diagnosis was revised to AION and he was commenced on 40 mg prednisolone daily, with a sustained improvement in vision to 6/36.

Comment

The ocular manifestations of HSP are rare, especially AION. Only one case of CRAO[2,3] secondary to HSP has been reported previously. The treatment of HSP includes supportive care, nonsteroidal anti-inflammatory drugs and corticosteroids. The prognosis for HSP patient is excellent in the absence of renal and central nervous system involvement.

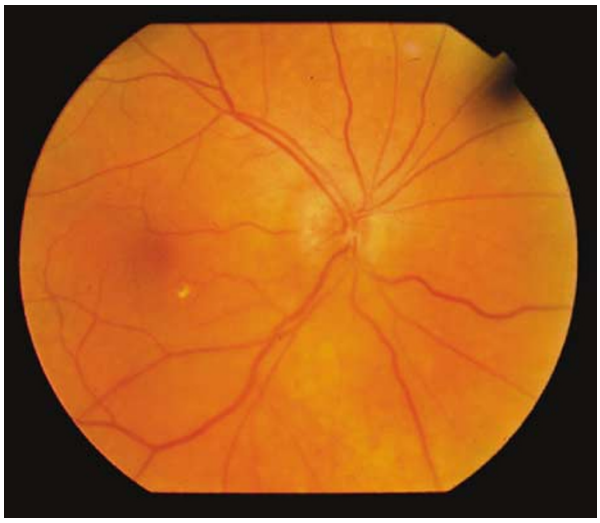

Figure 1 Fundus photograph taken at presentation demonstrating disc oedema.

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