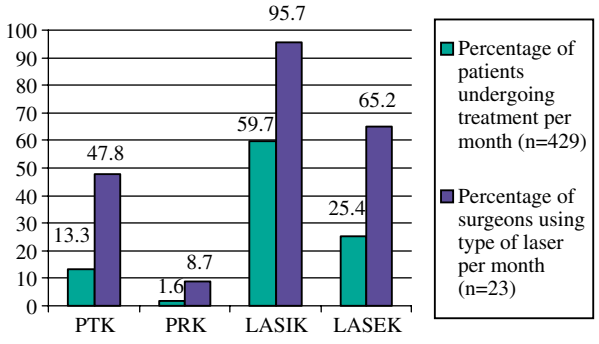

Figure 2 Percentage of patients (green columns) undergoing various types of excimer laser and percentage of surgeons (blue columns) using various types of excimer laser in the previous month.

Fagerholm *et al*[9] found that recurrent erosion syndrome was the most common indication in Sweden, in contrast Rao *et al*[10] reported corneal scars were the most common indication in India.

Complications of excimer laser ablation over the last year were recorded. Residual refractive error requiring further treatment was described by 82.6%, diffuse lamellar keratitis (DLK) by 52.2% (*vs* 66.7% USRS[4]), microbial keratitis by 8.6% (*vs* 4% in LASIK, 1.1% in LASEK, and 2% in PRK from USRS[7]), and flap related complications by 8.6% of the surgeons (*vs* 5.6% USRS[7]).

Over the last year reported complications included 43 cases of DLK, two cases of infection and two flap-related problems. The average percentage of patients with refractive error requiring further treatment was 11%. Jabbur *et al*[11] reported 8.7% retreatment rate after LASIK and Taneri *et al*[12] reported a 6.7% rate after LASEK in their study group.

Our study is the first UK national survey of excimer laser use by RCO accredited ophthalmology consultants and provides novel information in the use of excimer laser for both refractive and therapeutic indications.

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This work has not been published or presented at a meeting before.

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S Kashani, DJ De Silva, S Aslam and R Maini

Charing Cross Hospital NHS trust, London, UK

Correspondence: S Kashani,
Department of Ophthalmology,
Whipps cross Hospital NHS trust,
Whipps Cross road,
London E11 1NR, UK
Tel: +44 208 846 1499;
Fax: +44 208 846 1911.
E-mail: shahdoc@hotmail.com

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Sir,

Conjunctival rhabdomyosarcoma presenting as a squamous papilloma

We report the case of an 8-year-old girl who presented clinically with a right conjunctival papilloma. As a precaution, because the lesion continued to grow, a biopsy was performed and showed rhabdomyosarcoma. This is a highly unusual presentation of a rare tumour

and highlights the need for early biopsy in non-resolving or even mildly atypical lesions.

Case report

An 8-year-old girl presented with a 3-week history of a lesion affecting the plica of the right eye. At onset, she had an URTI. The lesion looked like a papilloma. The size increased and a biopsy was arranged. Figure 1a shows the lesion at this time, 7 weeks after presentation. At surgery, another 2-weeks later, she had developed a smooth, rubbery, mass in the lower lid. An incisional biopsy of the conjunctival papilloma-like lesion was taken. There was a subepithelial, conjunctival, infiltrate of round and spindle-shaped cells with mitotic figures and visible cross-striations (Figure 1c). In areas, rhabdomyoblast-like cells were evident. Cell positivity for desmin (Figure 1d) and myogenin was shown. Histology was consistent with an embryonal rhabdomyosarcoma. The child was referred to the paediatric oncology department. Orbital computed tomography scans showed extension of the tumour beneath the globe. She was treated with nine courses of a combination of ifosfamide, vincristine, and actinomycin.

Comment

Rhabdomyosarcoma, a malignant tumour composed of primitive myogenic cells, although rare, is the most common malignant tumour of the orbit in childhood.[1] It can present with sudden and rapidly progressing proptosis, ophthalmoplegia, eyelid erythema, oedema, and ptosis[2] or as a localized lesion under the conjunctiva.[3] Primary involvement of the conjunctiva is unusual accounting for 12% of cases.[4] In this case, the lesion presented as a papilloma. Clinically, papillomas have a delicate vascular core at the centre of each 'frond' with a hairpin loop at the frond apex (Figure 1b). Comparison of the lesion in this case with that of the papilloma shows subtle differences such as the lack of a uniform vascular network. This may be of value in alerting the clinician to an alternative diagnosis.

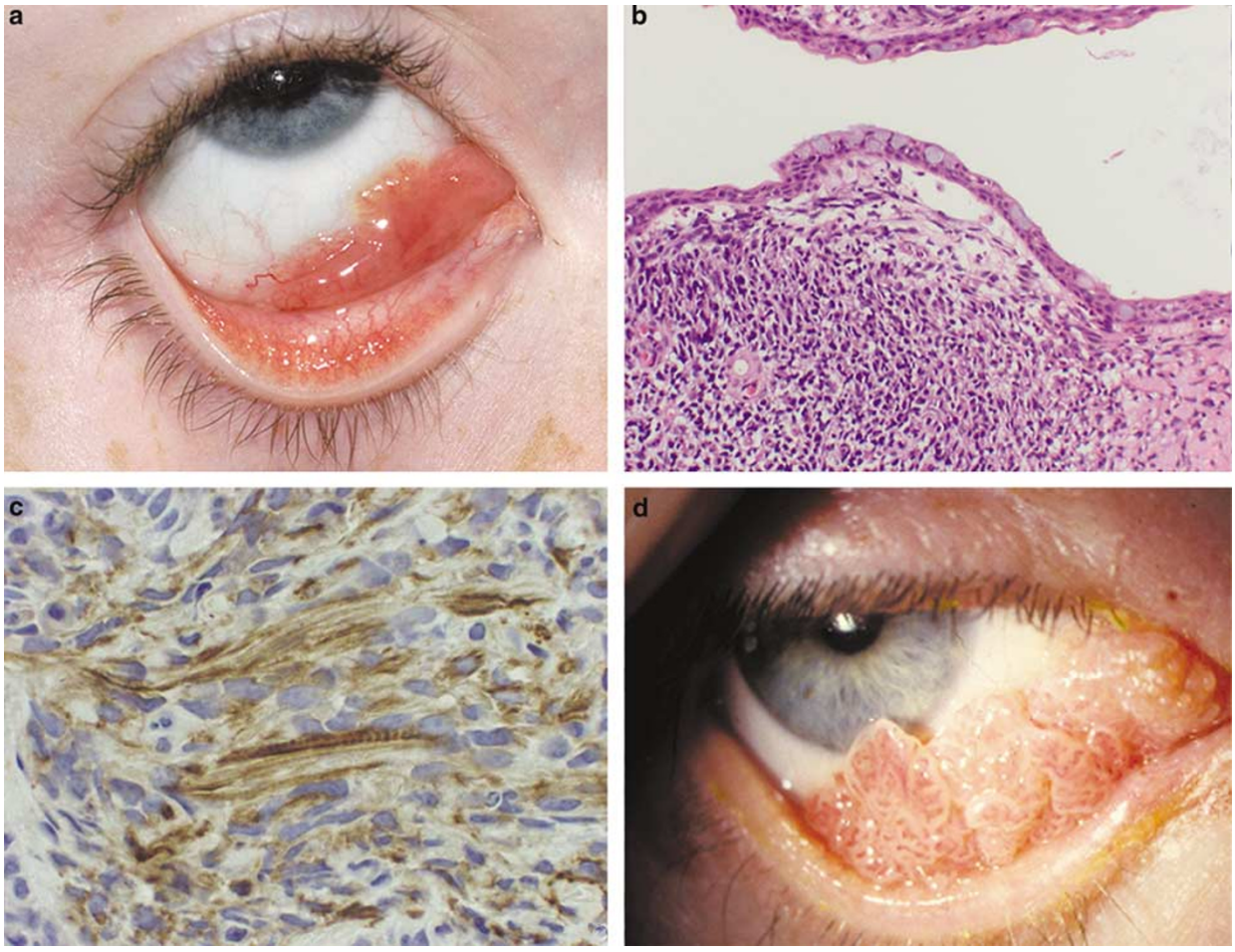

Figure 1 (a) Squamous papilloma-like appearance of rhabdomyosarcoma at the time of biopsy. (b) Histology showing round and spindle-shaped cells with mitoses. (c) Demonstration of cell positivity for desmin. (d) Conjunctival squamous papilloma.

The biopsy showed embryonal rhabdomyosarcoma. These account for 83% of rhabdomyosarcoma cases.[5]

Current treatment modalities have greatly improved the prognosis for these tumours with the reported 5-year survival rate of embryonal rhabdomyosarcoma up to 94%.[6]

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A Smith, A Gupta, R Bonshek and B Leatherbarrow

Department of Ophthalmology, Manchester Royal Eye Hospital, Oxford Road, Lancashire M13 9WH, Manchester, UK

Correspondence: A Smith,
Tel: +44 0161 276 1234;
Fax: +44 0161 276 4753.
E-mail: amysmith1@talk21.com

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Sir,

Forniceal conjunctival pedicle grafts

We have read with interest the article on Superior Forniceal Conjunctival Advancement Pedicles by T Sandinha *et al*[1] in the January 2006 issue of Eye.

While we appreciate the authors' work, we would like to state that the surgical procedure discussed therein has given encouraging results in our hands as well, in cases of impending and acute corneal perforations due to different aetiologies. The various advantages of the procedure, which is indeed a true transposition of the conjunctiva as compared to a rotation or gliding of the conjunctiva to an adjoining area, are very well highlighted in the above article.

We would like to illustrate one particular case where an inferior forniceal conjunctival transposition flap was performed by us in treating a paracentral perforation of the inferior cornea in a lady with Sjogren's syndrome secondary to rheumatoid arthritis (Figure 1). When all conventional treatment failed and a therapeutic graft to save the eye was the next option, a transposition conjunctival pedicle graft from the inferior bulbar conjunctiva was carried out under subconjunctival and limbal anaesthesia to cover the perforation. One month after the conjunctival flap surgery, her vision had

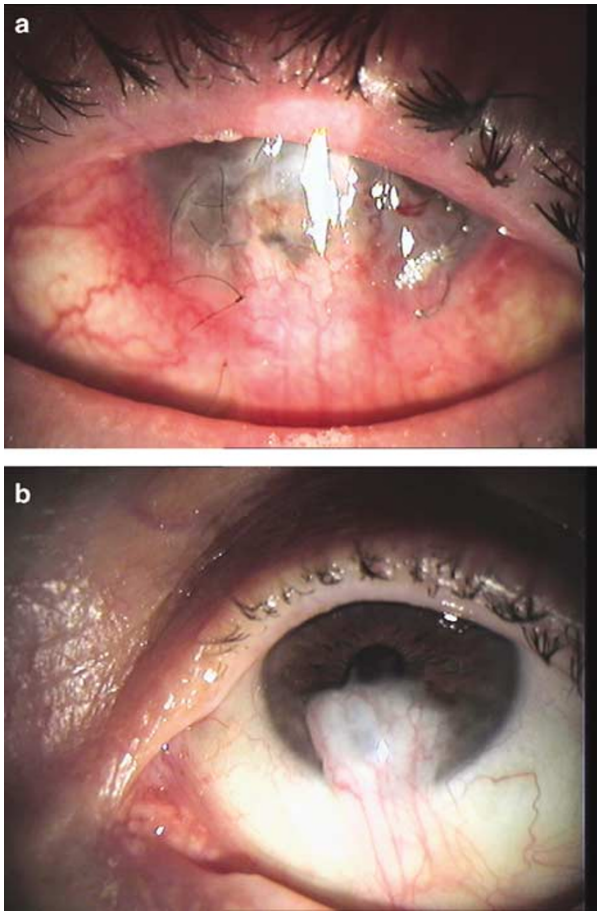

Figure 1 Transposition flap from lower bulbar conjunctiva. (a) Immediate post-operative photograph. (b) Photograph at 1 month post-operative period.