

Faced with the alternatives of a painful blind eye or enucleation, patients are unlikely to be willing to accept the control arm of a trial, nor would we be willing to offer it.

On this basis we have been given approval by our Regional Ethics Committee to use bevacizumab for the treatment of neovascular glaucoma unresponsive to PRP. Where randomised placebo-controlled clinical trials are not appropriate, one should not underestimate the power of a well-conducted, prospective, observational case series.

References

- 1 Canning C, Lotery A. Bevacizumab: a new way of doing business? *Eye* 2006; **20**: 985–987.
- 2 The Central Vein Occlusion Study. Natural history and clinical management of central retinal vein occlusion. *Arch Ophthalmol* 1997; **115**: 486–491.
- 3 Grisanti S, Peters S, Tatar O, Ziemssen F, Bartz-Schmidt K. Intracameral bevacizumab for iris rubeosis. *Am J Ophthalmol* 2006; **142**: 158–159.

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Sir,
Bevacizumab: a new way of doing business?

We wish to thank Franks for her insightful contribution to the debate on the indications and evidence for the use of bevacizumab in the eye.

One of the prerequisites for an ethical randomised controlled trial is the state of clinical equipoise—the researchers should not be biased strongly in favour of one treatment option or the other.¹ This implies a degree of uncertainty regarding the outcome for both treatment options.

Unfortunately there is little doubt about the natural history of rubeotic glaucoma unresponsive to laser. It is a dire condition with devastating consequences for the

quality of the patient's life and their family. It is only natural to wish to do everything one can under such conditions. There is a good theoretical basis for the use of bevacizumab in this condition and so far the safety profile seems good.

We agree with Franks therefore that ranibizumab or bevacizumab in rubeotic glaucoma would be justified in the context of a carefully documented observational study. The wholesale use of this drug in a raft of conditions where other options exist remains a cause for comment. Bevacizumab might well be a very effective and cost-effective drug for much vascular eye pathology—let's just prove it!

Reference

- 1 Hansson SO. Uncertainty and the ethics of clinical trials. *Theor Med Bioethics* 2006; **27**(2): 149–167.

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Sir,
Spontaneous resolution of retinal pigment epithelial tears and pigment epithelial detachment following blunt trauma

Retinal pigment epithelium (RPE) tear mostly occurs as a complication of age-related macular degeneration but may also develop as a rare complication after trauma.^{1–5} Patients with traumatic RPE tear involving the fovea usually have poor visual prognosis.^{1,2} We report the spontaneous resolution of traumatic RPE tears and pigment epithelial detachment (PED) in a patient after blunt trauma who subsequently had good visual recovery.

Case report

A 63-year-old woman presented with left blurred vision after being hit by a badminton racquet. Her left eye