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CORRESPONDENCE

Sir,

Reply to Gurbaxani and Packard

We read with interest the paper by Gurbaxani and Packard[1] on the use of intra-cameral phenylephrine to prevent floppy iris syndrome during cataract surgery. The authors acknowledge that there are limitations to the study but still claim that 'all patients had a significant reduction in the signs of floppy iris syndrome', whereas what they have demonstrated is that intra-cameral phenylephrine dilates the pupil. Whether this is in addition to the effect of pre-operative topical application of phenylephrine drops is not recorded.

The intra-operative floppy iris syndrome (IFIS) describes a spectrum of signs seen intraoperatively in patients on alpha-1a antagonists.[2] This can range from a small pupil with rather poor iris tone to the full IFIS where the iris is billowing and prolapsing into and through all corneal incisions. There is no current evidence that IFIS will occur in everyone on tamsulosin, and a small pupil can be associated with other common conditions such as diabetes. IFIS has also been encountered in patients with no history of alpha-1a antagonist use (personal communication). It does not follow that a patient on tamsulosin with a small pupil is a certain candidate to develop IFIS, and therefore no treatment or manoeuvre can be confidently stated to prevent IFIS.

We would agree, however, that intra-cameral phenylephrine is a useful option in the management of IFIS, and thank the authors for bringing this technique to a wider audience. It should be considered as one of an array of available options for use sooner rather than later, if the surgeon is suspicious that IFIS may develop.

References

1 Gurbaxani A, Packard R. Intracameral phenylephrine to prevent floppy iris syndrome during cataract surgery in patients on Tamsulosin. *Eye* 2007; **21**: 331–332.
2 Chang DF, Campbell JR. Intraoperative floppy iris syndrome associated with Tamsulosin. *J Cataract Refract Sur* 2005; **31**: 664–673.

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Sir,

Response to Nguyen *et al*

We thank Dan Nguyen and co-authors for their comments. As rightly pointed out, our paper intends to bring to our colleagues this simple but very effective tool for combating IFIS.

The pupilary dilatation achieved with intracameral phenylephrine is in addition to that achieved with the preoperative 2.5% topical phenylephrine drops used. In addition to increasing pupilary dilatation, intracameral phenylephrine increases the tone of the iris, thus reducing the 'floppiness' of the iris that significantly contributes to the effectiveness of this technique.

We do not set out to identify the incidence of IFIS in our paper but various papers quote this to be between 43%[1] and 65%[2] in patients taking Tamsulosin. The range of signs also varies from patient to patient.

Ophthalmic surgeons need to know if their patients are taking Tamsulosin so that they can anticipate and prevent complications due to IFIS. Our technique is part of a growing body of methods to deal with IFIS.

References

1 Cheung CM, Awan MA, Sandramouli S. Prevalence and clinical findings of tamsulosin-associated intraoperative floppy-iris syndrome. *J Cataract Refract Surg* 2006; **32**(8): 1336–1339.
2 Oshika T, Ohashi Y, Inamura M, Ohki K, Okamoto S, Koyama T *et al*. Incidence of intraoperative floppy iris syndrome in patients on either systemic or topical alpha(1)-adrenoreceptor antagonist. *Am J Ophthalmol* 2007; **143**(1): 150–151; E-pub 2006 August 28.

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Sir,

Crystalline retinopathy associated with chronic macular hole; a report of two cases

Crystalline retinopathy has been associated with a variety of toxic, metabolic hereditary conditions, chronic retinal detachment (RD), and retinal dialysis.[1–4]

The origin of the crystalline opacities in patients with RD has been speculative and controversial.[1,3,4]

We describe two cases of crystalline retinopathy in patients with no history of systemic illness or drug use, with chronic full thickness macular holes (FTMHs).

Case 1

A 73-year-old woman complaining for blurred vision in her left eye (LE). Best-corrected visual acuity (BCVA) was 20/200 LE. Anterior segments examination and fundoscopy of the right eye (RE) were unremarkable. Fundoscopy of LE revealed a stage-5 FTMH and multiple superficial refractile crystals within the vascular arcades at the level of the inner retina (Figure 1). Conservative management was undertaken and 8 months later, the distribution and appearance of crystals remained unchanged.