

Comment

Severe anaemia, with decreased haemoglobin content, lowers the 'oxygen availability', to various parts of the body.³ Ocular findings reported include sub-conjunctival haemorrhage, orbital or eyelid haematoma, hyphema, and fundus findings.^{4,5}

In this patient, severe anaemia probably led to ischaemic damage of the small vessel wall. This led to bleeding (sub-conjunctival haemorrhage). Besides this, generalized reduction in ocular 'oxygen availability' probably led to ischaemia of the ciliary body. This resulted in diminished aqueous production, anterior segment inflammation, and complicated cataract. These features were suggestive of anterior segment ischaemia.

In haematological disorders as FA, blood parameters should be monitored and strictly controlled, to prevent ocular complications, arising from decreased oxygen yield.

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References

- 1 Alter BP, Young NS. The bone marrow failure syndromes. In: Nathan DG, Orkin SH, (eds) *Hematology of Infancy and Childhood*. WB Saunders: Philadelphia, PA, 1998; 237–317.
- 2 Wajnrajch MP, Gertner JM, Huma Z, Popovic J, Lin K, Verlander PC *et al*. Evaluation of growth and hormonal status in patients referred to the International Fanconi Anemia Registry. *Pediatrics* 2001; **107**: 744–754.
- 3 Zander R. The oxygen status of arterial human blood. *Scand J Clin Lab Invest* 1990; **50**: 187–196.
- 4 Mansour AM, Salti HI, Han DP, Khoury A, Friedman SM, Salem Z *et al*. Ocular finding in aplastic anemia. *Ophthalmologica* 2000; **214**: 399–402.
- 5 Mohler DN, Leavell BS. Aplastic anemia: an analysis of 50 cases. *Ann Intern Med* 1958; **49**: 326–362.

V Jain¹, D Shome^{2,3}, A Maiti⁴ and S Natarajan⁴

¹Department of Cornea and External Diseases, Aditya Jyot Eye Hospital Pvt Ltd, Wadala, Mumbai, India

²Department of Ophthalmic and Facial Plastic Surgery, Orbital Diseases, and Ocular Oncology, Aditya Jyot Eye Hospital Pvt Ltd, Wadala, Mumbai, India

³Department of Ocular Oncology, Tata Memorial Centre, Mumbai, India

⁴Department of Retina and Ocular Oncology, Aditya Jyot Eye Hospital Pvt Ltd, Wadala, Mumbai, India

E-mail: docvandanajain@rediffmail.com

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Sir,

The relevance of blood pressure measurements in patients attending a diabetic eye clinic: the use of an electronic patient record

We read with interest Sivaprasad and Jackson's¹ finding that 65% of diabetic macular laser was performed on patients whose blood pressure (BP) was not adequately controlled as measured in the clinic. The Scottish Care Information-Diabetes Collaboration (SCI-DC) database provides an electronic patient record on all patients with diabetes in Scotland. Data are recorded from any clinic visit whether it is to the general practitioner, practice nurse, or hospital. We used these data to determine whether the BP measurement on a stressed patient, at the eye clinic preparing to receive bad news about their sight, is accurate.

Of the 86 new patients with diabetic retinopathy attending our Diabetic Eye Clinic over a 5-month period, 97% had a BP measurement found on the SCI-DC database.

We found that clinic BPs were significantly higher than those on the SCI-DC database. The systolic BP was 18.0 ± 18.8 mmHg (mean \pm SD) higher in the eye clinic ($P < 0.01$) and the diastolic was 10.1 ± 12.5 mmHg (mean \pm SD) higher ($P < 0.01$).

Only 20% had a systolic BP ≤ 140 and 22.2% had a diastolic BP ≤ 80 when BP was measured at the eye clinic. However, the SCI-DC measurements showed that 67 and 70% were reaching these targets respectively.

We feel that the BP measurements taken at the diabetic eye clinic may not be accurate. However, only 65% of patients had a BP recorded on SCI-DC within the last 6 months. Although NHS Quality Improvement Scotland standard 4² suggests that the BP review is only carried out 'on an annual basis', we know that our patients are at high-risk of worsening retinopathy if BP is not controlled.³ We, therefore, now only check the BP if there is no measurement available on SCI-DC during the last 6 months, especially if there is significant retinopathy. The information from this database helps us to target patients more effectively and use our resources more efficiently.

References

- 1 Sivaprasad S, Jackson H. Blood pressure control in type II diabetics with diabetic retinopathy. *Eye* 2007; **21**: 708–711.
- 2 Clinical Standards Board for Scotland. Clinical Standards Diabetes; October 2002.
- 3 Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes. UKPDS 38. UK Prospective Diabetes Study Group. *BMJ* 1998; **317**(7160): 703–713.

C Styles and H Timlin

Department of Ophthalmology, Queen Margaret Hospital, Dunfermline, Fife, UK
E-mail: caroline.styles@fah.scot.nhs.uk

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