

However, both of these custom-made iris implants are costly, and their long-term safety profile is not yet known. Nevertheless, these new implants have the potential to provide patients with iris defect both good functional and aesthetically acceptable results.

Acknowledgements

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Reference

- 1 Srinivasan S, Yuen C, Watts M, Prasad S. Endocapsular iris reconstruction implants for acquired iris defects: a clinical study. *Eye* 2007; **21**: 1109–1113.

AKK Chung

Department of Ophthalmology, Clayton Eye Centre,
Clayton Hospital, Northgate, Wakefield, West
Yorkshire, UK
E-mail: akkchung@yahoo.co.uk

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Sir,
IRIS reconstruction implants

We thank Mr Chung for his interest in our article on iris reconstruction implants.¹ We agree that the types 50 D and 50 E have been incorrectly labelled.

The reason for choosing 50 C implants in case 2 was to provide a 'good' pupil size postoperatively for a detailed retinal examination. In our experience, we have found that patients with ocular trauma not only present with anterior segment injuries but also have traumatic retinal dialysis/detachments, which require adequate pupillary aperture size for the retinal surgeon to work with.

Choosing an implant model in eyes with these kinds of extensive injuries is a trade-off between obtaining a reasonable cosmetic appearance and achieving a pupil size, which does not interfere with performing a detailed retinal exam.

Reference

- 1 Srinivasan S, Yuen C, Watts M, Prasad S. Endocapsular iris reconstruction implants for acquired iris defects: a clinical study. *Eye* 2007; **21**: 1109–1113.

S Srinivasan¹ and S Prasad²

¹Department of Ophthalmology, Ayr Hospital, Ayr,
UK

²Department of Ophthalmology, Arrowe Park
Hospital, Wirral, UK
E-mail: sathish.srinivasan@gmail.com

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Sir,
Primum non nocere

We read with interest N Ahmad and J Wests' survey with regard to treatment of asymptomatic retinal detachments.¹ We would like to offer a cautious warning illustrated with sobering case report.

Case report

A 27-year-old woman with a refractive error of -7.00 DS bilaterally presented to the eye casualty with a subconjunctival haemorrhage. She had no previous ocular or medical history; in particular no ocular trauma. Her visual acuity was 6/6 bilaterally. Dilated fundal examination revealed no posterior vitreous detachment and an incidental retinal detachment associated with two round holes inferotemporally on the right eye. A small retinal detachment with no posterior vitreous detachment associated with a round hole was also noted on the temporal retina of the left eye. Faint demarcation lines were noted. Argon laser demarcation was carried out bilaterally. Subsequently, cryotherapy with buckle attachment to the right eye was undertaken. She returned 2 months later with blurring of the vision bilaterally. Her visual acuities were 6/6 and 6/36 on the right and left eye. Examination showed bilateral granulomatous pan uveitis, Dallen Fuchs deposits (Figure 1) with choroidal thickening, confirmed by ultrasonography (Figure 2). Investigations excluding other causes, fundus fluorescein angiography (Figure 3), and indocyanine green angiography suggested the diagnosis of sympathetic ophthalmia. She was started on oral and topical steroids. She developed ocular hypertension, which was managed topically. She improved, and at her last check, 3 months since the onset of the uveitis, her visual acuities were 6/6 bilaterally.

Comment

Although the association between cryotherapy and the development of sympathetic ophthalmia has been reported in the past,^{2–5} all these cases were after cyclodestructive procedures. This is the first such case associated with cryotherapy for retinal holes in the

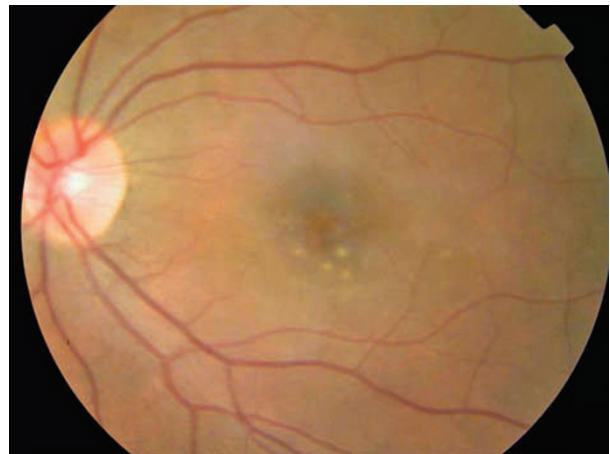


Figure 1 Left fundus showing Dallen Fuchs deposits.