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Sir,  
**Scleroplasty in progressive myopia**

We read with great interest the article titled ‘The efficacy and safety of posterior pole buckles in the control of progressive high myopia’ by Ward *et al.*,<sup>1</sup> which appeared in the 2009 issue of *Eye*.

We would like to mention the experience in 183 patients (86.33% unilateral and 13.66% bilateral) who underwent scleroplasty for progressive myopia after a period of up to 10 years (median 8 years) at Fyodorov Eye Center (Moscow, Russia).

Homologous sclera was used as graft for scleroplasty. A strip 8–9 mm wide and 7–8 cm long was excised from the sclera. The conjunctiva and Tenon’s capsule were incised. Tendons of the superior, lateral, and inferior rectus muscles, as well as the inferior oblique muscle were isolated. Then, one end of the scleral flap was passed under the superior rectus and secured by two sutures, and then the free end of the transplant was passed under the lateral rectus, inferior oblique, and inferior rectus muscles. The next stage of the operation consisted of shifting the scleral flap from the equator of the eye to the posterior pole. The transplant was stretched until the surgeon felt that it had settled on the posterior pole of the eye. The inferior end of the scleral flap was fastened by two sutures.

Examination showed that the progression of myopia was arrested in 95% of cases.

Stabilization of the process was determined by the refraction and axial length of the eye. Refraction decreased by 0.5–3.0 D (mean 1.3 D) in 61.5% of the cases in the early postoperative period. A-mode ultrasonography was used for axial length measurements. The range of pre-operative axial length was 26.5–35.2 mm (median 31.8 mm). The axial length of the eye shortened by 0.1–2.5 mm (mean 0.5 mm) in the early postoperative period in 35.4% of the cases and by 0.98 mm at a later period in 48.6% of the cases. The decrease in these parameters immediately after the operation may be explained by the fact that the transplant had stretched the sclera of the myopic eye, while over a long-term period this effect must have been intensified as a result of sclera cicatrization at the site of its contact with the transplant.

The following indications for scleroplasty operation were considered:

- (1) A rapid progression of myopia from 5.0 to 6.0 D and its increase by at least 1.0 D per year; augmentation of dystrophic changes in the fundus; and the resultant deterioration in visual acuity.
- (2) An increase in dystrophic changes in the retina and vitreous body, even when there was no increase in the degree of myopia.

Contraindications for surgery were acute and chronic inflammatory diseases of the eye and lacrimal ducts, neoplasm, and pathological exophthalmia.

The postoperative complications were separation of sutures, elevated IOP, and iridocyclitis in 5% of the patients. It might be appropriate to recommend a larger prospective, randomized, clinical trial study to determine a possible therapeutic role for this treatment.

**Conflict of interest**

The authors declare no conflict of interest.

**Reference**

- 1 Ward B, Tarutta EP, Mayer MJ. The efficacy and safety of posterior pole buckles in the control of progressive high myopia. *Eye* 2009; **23**(12): 2169–2174.

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Sir,  
**The natural history of the Charles Bonnet Syndrome.  
Do the hallucinations go away?**

Recurrent visual hallucinations in patients with vision loss who have normal mental status and insight into the unreal nature of the perception have been called Charles Bonnet Syndrome after the naturalist who in 1769 described the hallucinations that his clear-thinking and visually impaired grandfather experienced.<sup>1</sup> This peculiar symptom of vision loss is often under-reported by patients for fear of negative consequence and is often under-diagnosed by clinicians.

As part of a larger prospective study of vision rehabilitation in patients and morbidity, 225 consecutive patients seen over a 1-year period were asked the following question: ‘Many patients who come to this Clinic see things that they know are not there. Some see colored shapes or organized patterns or they may even see vivid images of people, animals or flowers. Have you ever experienced this?’ Patients were seen again 1 year later and asked the same question.

The mean age of patients seen was 80 and 141 (63%) had age-related macular degeneration. More than one-third had  $\geq 6/18$  visual acuity in their better-seeing eye. As previously reported, a total of 78 patients (35%) reported seeing visual hallucinations at the initial visit.<sup>2</sup> After 1 year, 152 patients were seen again, 19 were deceased, and 54 were not seen owing to illness, moving out of the community, or because they were not interested to return. Of the 54 patients seen at 1 year who had initially reported hallucinations, 15 patients (28%) no longer experienced the hallucinations. Of the 98 patients seen at 1 year who had not initially reported

hallucinations, 23 (24%) now reported that they had started experiencing this symptom. The appearance or disappearance of the hallucinations could not be correlated to any change in visual parameters such as visual acuity or contrast sensitivity.

Visual hallucinations are a common symptom among patients with vision loss, and unless asked about this symptom most patients will not inform their clinician, despite the fact that they are concerned about why they are experiencing this peculiar symptom. Patients are very reassured when the nature of the hallucinations is explained to them. The results of this study allow clinicians to counsel patients that 28% of patients cease to experience these hallucinations after 1 year.

**Conflict of interest**

The authors declare no conflict of interest.

**Acknowledgements**

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**References**

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- 2 Jackson ML, Bassett K, Nirmalan PV, Sayre EC. Contrast sensitivity and visual hallucinations in patients referred to a low vision rehabilitation clinic. *Br J Ophthalmol* 2007; **91**(3): 296–298.

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Sir,  
**Pattern of Scheimpflug imaging in anterior segment foreign bodies**

The Pentacam Scheimpflug<sup>1</sup> camera (Oculus Inc., Wetzlar, Germany) captures images from the anterior cornea to posterior lens capsule. There is a single report

**Figure 1** (a) Metallic ILFB in the left eye at 0430 hours with associated posterior subcapsular cataract. The corneal wound of entry and the iris hole can be seen at 0300 hours. (b) Single-scan Pentacam image of the left eye through segment 135–315° showing a highly reflective ILFB with a spike height of 95 u on lens densitometry scale. The overlying anterior capsule opacification produced a densitometry reading of 38.8 u. (c) Single-scan Pentacam image of the same eye as in Figure 1a showing the ILFB lying just within the posterior subcapsular space, 1860 u away from the anterior lens capsule. Note that the posterior capsule is intact.

