

Figure 3 Sequencing analysis of *TGFBI*. Analysis of the sequence mutations showed a heterozygous arginine-to-glutamine substitution at nucleotide 1711 of codon 555 in exon 12 of patient 1; a heterozygous cytosine-to-thymine substitution at nucleotide 417 in exon 4 of patient 2; and a heterozygous cytosine-to-adenosine substitution at nucleotide 1637 in exon 12 of patient 3.

amyloid in keratectomy specimen (Figures 2d and e); and numerous amyloid deposits throughout the stroma in the PK specimen (Figures 2f and g) for patient 3. Genetic analysis showed Arg555Gln mutation in patient 1, Arg124Cys mutation in patient 2, and Ala546Asp mutation in patient 3 (Figure 3).

Comment

Lamellar keratectomy combined with PTK can obtain specimen for histological examination and smoothen corneal surface to reduce irregular astigmatism. The correlation of the histological finding with clinical features and genetic study could help in accurate diagnosis of *TGFBI*-linked corneal dystrophies.

Conflict of interest

The authors declare no conflict of interest.

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Sir,
A day at the races: ocular injuries in extreme motorcycle racing spectators

The risk of injury in extreme motorcycle racing is well established.^{1,2} We report two cases of ocular injuries to spectators without eye protection.

Case report

A 14-year-old boy (patient A) sustained blunt trauma to the left eye, caused by a small stone sprayed by a passing racer while at a motocross race. Visual acuity (VA) was 1.0 logMAR in the left eye. Examination showed anterior dislocation of the lens with mild vitreous haemorrhage. A vitreolensectomy was performed and the patient is awaiting a secondary anterior chamber lens implant. Fundoscopy revealed a choroidal tear temporal to the optic disc with pigment stippling at the macula (Figure 1). Corrected VA in the left eye is currently 0.6 logMAR.

A 50-year-old man (patient B) sustained blunt trauma to the left eye by a mechanism similar to the above case. VA at presentation was 0.5 logMAR in the left eye. He had a hyphaema and superior iridodialysis. Fundoscopy revealed a traumatic retinal dialysis with an associated nasal (macular attached) retinal detachment (Figure 2). He underwent a left pars plana vitrectomy, encirclement, 360° endolaser, and gas tamponade with 20% C2F6. Post-operatively he developed an epiretinal membrane with macular pucker and cataract. Present vision is 0.9 logMAR in the left eye and he is awaiting cataract surgery. The patient was a heavy goods vehicle (HGV) driver and the injury and visual loss have resulted in the removal of his HGV licence.

Comment

Motocross takes place on an outdoor track containing natural terrain with human-made obstacles. Injuries among riders in the sport are high. Even paramedical staffs attending to the injured racers on track are advised to wear

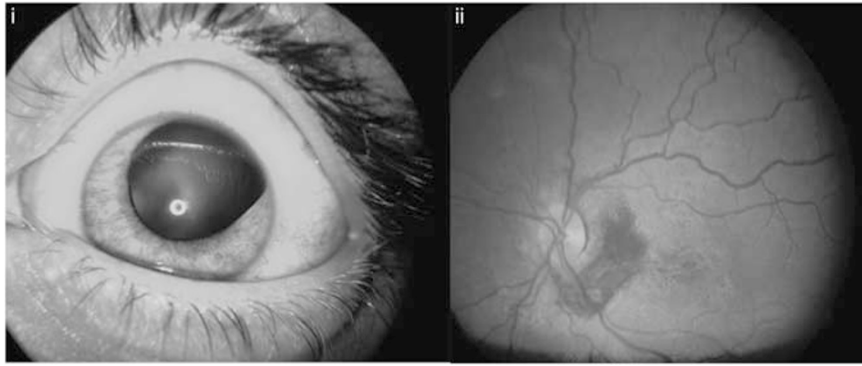


Figure 1 Patient A: (i) Left eye, traumatic anterior dislocation of the crystalline lens. (ii) Post-traumatic left choroidal tear temporal to the optic disc with pigment stippling at the macula.

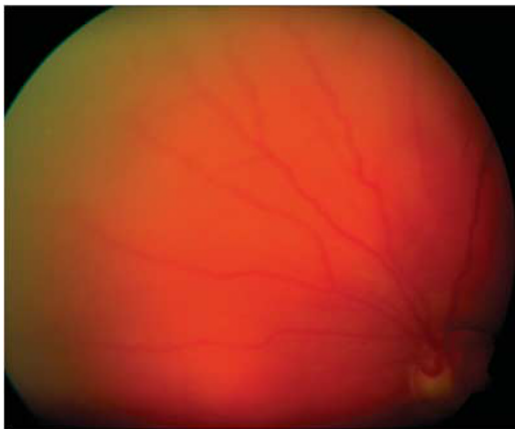


Figure 2 Patient B: left eye, nasal traumatic retinal dialysis-related retinal detachment.

eye protection because of the risk of sprayed debris from the passing racers.³ Although neutral zones outside the track provide safe run-off areas for riders and their machinery to minimise the potential risk of the injury to the spectators,⁴ our cases highlight the risk of ocular injury from flying debris even at these distances. Many spectators are 'one-off' visitors to these events and are not expecting to sustain ocular trauma with the potentially life-changing consequences. We recommend that spectator safety should be improved by offering eye protection.

Conflict of interest

The authors declare no conflict of interest.

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Sir, Trabeculectomy pearls of wisdom; mitomycin-soaked pledget 'necklace' suture

We read with interest the correspondence from Lindfield and co-authors about a method of placing a mitomycin-soaked sponge so that it would not get lost.¹ We have published on this subject, which we agree is of importance.² It seems likely that one reason why surgeons are reluctant to place sponges in a larger area, 6–10 mm posterior to the limbus, where they are most likely to cause aqueous drain away from the limbal area, and to lead to more diffuse blebs,³ is because the surgeons fear they will not be able to retrieve the sponge.

Our technique avoids taking these risks by using color-tailed sponges (Codman Surgical Patties, available from Codman, Raynham, MA, USA) for antimetabolite application. We like our technique because it does not require an extra step, it is safe and inexpensive, and there is no possibility of the suture becoming detached from the sponge. It is surprising to us that the idea of using a technique to prevent loss of mitomycin-soaked sponges in trabeculectomy does not seem to have caught on. There is no down side, and there are many advantages.

Conflict of interest

The authors declare no conflict of interest.

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