

Concurrent pathology affecting the blood–retinal barrier is not a consistent feature in the cases of WACM reported to date. In Sarraf *et al*'s³ original series first describing the disease, only 50% (three of the six) patients had diabetes.

Our report describes a similar phenotype in a North African patient from Egypt. In our opinion, this is a typical case of WACM, if not for the patient's distinct ethnic background. If confirmed in future studies, this report may help expand on the geographic origins of the disease and elucidate aetiological factors.

Conflict of interest

The authors declare no conflict of interest.

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Sir,

Retractable dog leashes: are they as safe as they seem?

Retractable dog leashes are commonly used around the world. We report a case of ocular trauma secondary to one such leash.

Case report

A 56-year-old woman was walking her greyhound restrained by a retractable dog leash at full length. The dog's attention was attracted by cars on a nearby road and he pulled forcefully at the leash. This caused a ring on the dog collar (attaching the leash to the collar via a metallic

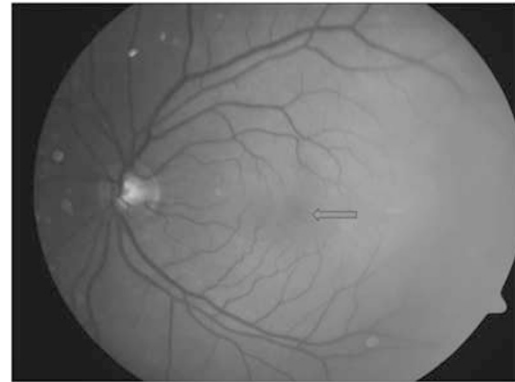


Figure 1 Left 'red free' fundal photograph demonstrating the circular outline of a full-thickness macular hole (arrow).

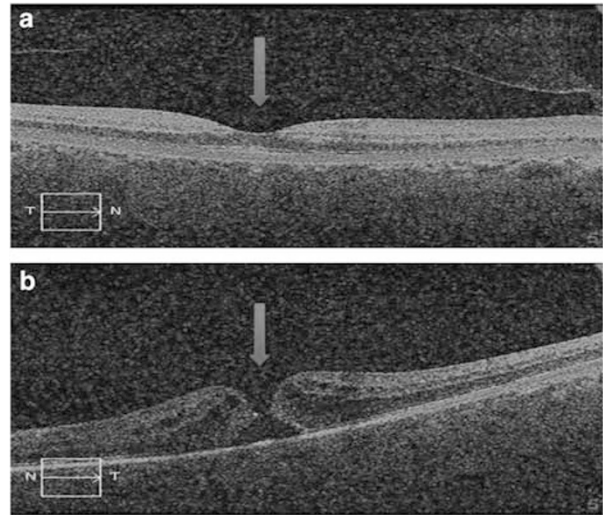


Figure 2 (a) Optical coherence tomography (OCT) of the right eye showing the normal foveal contour (arrow). (b) OCT of the left eye showing the full-thickness macular hole (arrow).

clip) to break, resulting in a recoil of the clip into the left eye with significant blunt trauma. Visual acuity at presentation was 6/60 in the left eye. Examination showed left phacodonesis, zonular rupture, vitreous prolapse into the anterior chamber, traumatic iridial dialysis, and cataract. Fundoscopy and optical coherence tomography revealed a full-thickness macular hole without vitreous separation (Figures 1 and 2). This required a phacolensectomy, vitrectomy, internal limiting membrane peel, and posterior chamber gas (C2F6) to treat. A secondary anterior chamber implant will be inserted in the future.

Comment

Ocular injuries secondary to usage of elasticated cords have been previously reported with good public awareness.^{1–3} Although retractable dog leashes are widely used because of their convenience, awareness about their ocular hazards remains low. Recently a US

manufacturer had to withdraw its retractable dog leashes after a recoil injury caused partial blindness in a 13-year-old girl.⁴ Subsequently manufacturers have advised securing the dog leash with a secondary security collar.⁵ Although this may appear to be an inconvenient second step, the benefits far outweigh the risk of permanent sight loss. It is also important to choose a type of leash that is adjusted to the size, weight, and force of the animal. When using leashes without the secondary security collar, eye protection is strongly recommended.

Conflict of interest

The authors declare no conflict of interest.

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Sir,
Comment on 'Phakic intraocular lenses outcomes and complications: Artisan vs Visian ICL'

We read with interest Hassaballa and Macky's¹ article on phakic intraocular lenses (p-IOL) outcomes and complications. In their series significant complications resulting in elevation of intraocular pressure (IOP) requiring additional surgery occurred in two eyes (3%). As noted there are several possible mechanisms for increased IOP in patients implanted with a p-IOL. If IOP remains uncontrolled removal of a p-IOL may potentiate further pigment dispersion. There are case reports of intractable IOP elevation presumed secondary to pigment dispersion requiring surgery.^{2,3} We performed non-penetrating glaucoma surgery for a similar case of bilateral severe IOP elevation post p-IOL implantation in a patient with high myopia.³ The authors report pigment dispersion occurring in 28.6% (Artisan) and 15.38% (Visian) in their series. They did not document whether all patients underwent pre- and post-operative

gonioscopy to examine the anterior chamber angle. Stulting *et al*⁴ reported an incidence of iris pigment precipitates of 6.9%. A long-term incidence of pigment dispersion of 6.6% has also been described.⁵ This may be of significance as patients undergoing p-IOLs are generally from a younger demographic.

As the article stands, we agree with the authors on the need for long-term data on the efficacy and complications of p-IOLs. Evaluation of the possible effect on trabecular function from p-IOL-related pigment dispersion is warranted. Pigment dispersion is not always benign.

Conflict of interest

The authors declare no conflict of interest.

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Sir,
Response to: Comment on 'Phakic intraocular lenses outcomes and complications: Artisan vs Visian ICL'

We would like to thank Nguyen *et al*¹ for their valuable comments. Our study² is a retrospective one; in which, we reported in the 'Material and methods' section only the list of examinations and investigations done to all patients. In our study, not all patients had a