

**Conflict of interest**

The authors declare no conflict of interest.

**References**

- 1 Gass JD, Guerry RK, Jack RL, Harry G. Choroidal osteoma. *Arch Ophthalmol* 1978; **96**(3): 428–435.
- 2 Navajas EV, Costa RA, Calucci D, Hammoudi DS, Simpson ER, Altomare F. Multimodal fundus imaging in choroidal osteoma. *Am J Ophthalmol* 2012; **153**: 890–895.
- 3 Shields CL, Sun H, Demirci H, Shields JA. Factors predictive of tumor growth, tumor decalcification, choroidal neovascularization and visual outcome in 74 eyes with choroidal osteoma. *Arch Ophthalmol* 2005; **123**(12): 1658–1666.
- 4 Spaide RF, Koizumi H, Pozzoni MC. Enhanced depth imaging spectral domain optical coherence tomography. *Am J Ophthalmol* 2008; **146**: 496–500.
- 5 Torres VL, Brugnoli N, Kaiser PK, Singh AD. Optical coherence tomography enhanced depth imaging of choroidal tumors. *Am J Ophthalmol* 2011; **151**: 586–593.

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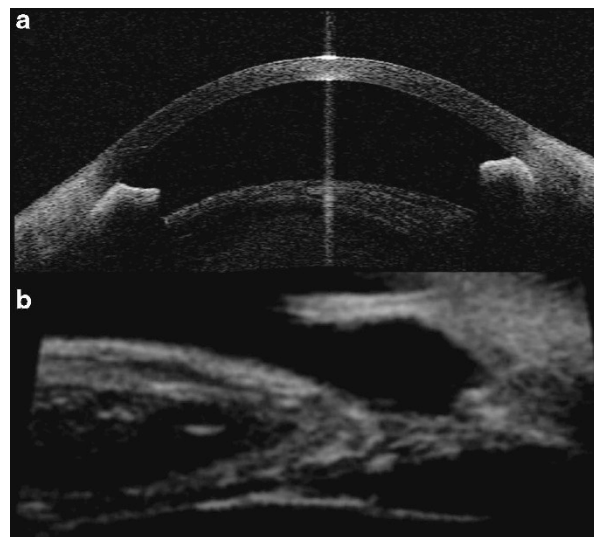
**Sir,  
Capsular neovascularisation: case report and review of literature**

A unique case of neovascularization of the lens capsule (NVC) in a phakic eye without neovascularization of the iris (NVI) or angle is described.

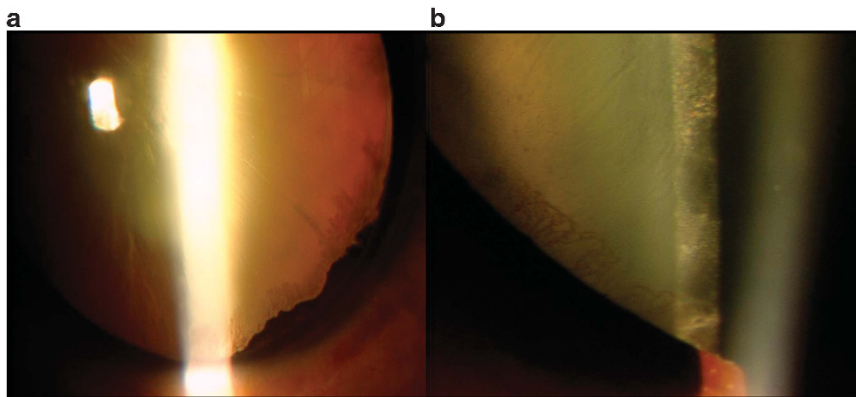
**Case report**

A 30 year old male presented with pain OD since 1 month. He gave a history of post-traumatic glaucoma

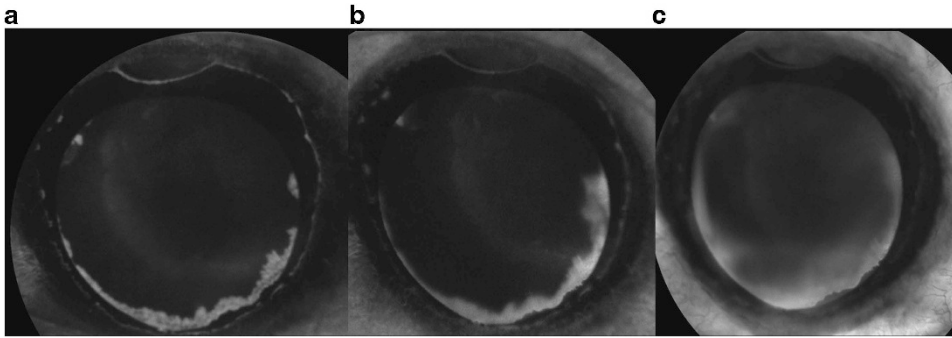
13 years back for which trabeculectomy was performed. Ten years later, he presented again with chronically raised intraocular pressure (IOP), vision of light perception only, and advanced glaucomatous cupping. 360° cyclo-crotherapy was administered at this time. At present, he had lost light perception, and had low IOP (6 mm Hg) OD. Slit-lamp biomicroscopy showed a mydriatic pupil with multiple sphincter tears, absence of NVI, a mature cataract with sparse capsular pseudoexfoliation, and a fine circumferential radiating spoke like net of anterior capsular vessels (Figures 1a and b). Gonioscopy showed obscuration of the anterior chamber. Anterior segment optical coherence tomography (Visante, Carl Zeiss Meditec Inc., Dublin, CA, USA) and ultrasound biomicroscopy (Sonomed Escalon, Wayne, PA, USA) confirmed peripheral anterior synechiae (Figures 2a and b) and ruled out the presence of any retro-iridial proliferative membrane (Figure 2b). Fluorescein angiography demonstrated a diffuse fluorescein leakage persisting till late phase with absence



**Figure 2** (a) Anterior segment optical coherence tomography showing extensive peripheral anterior synechiae. (b) Ultrasound biomicroscopy showing peripheral anterior synechiae in a mydriatic pupil. Note the absence of any proliferative membrane over the lens capsule.



**Figure 1** (a) Figure shows complicated cataract with overlying pseudoexfoliation material; pupil is mydriatic with multiple large sphincter tears. (b) Higher magnification shows a fine net of vessels growing onto the lens capsule centripetally.



**Figure 3** (a–c) Anterior segment fluorescein angiography shows early fluorescein leakage onto the anterior lens capsule, increasing in the late phase.

of NVI (Figures 3a–c). Ultrasonography showed a closed funnel retinal detachment, and therefore no intervention was planned.

#### Comment

Anterior ocular neovascularization may develop in eyes with chronic anterior segment ischemia, due to peripheral retinal detachment or proliferative vitreo-retinopathy.<sup>1,2</sup> Deprivation of choroidal blood supply stimulates retinal pericytes, endothelial cells, and retinal pigment epithelium to produce VEGF, which follows its concentration gradient from vitreous to anterior segment causing NVI.<sup>3</sup>

NVC in our case differs from neovascular membranes, sometimes appreciated in chronic anterior uveitis, which harbor larger caliber vessels growing across the pupillary border in a random manner. In contrast, our case had a regular circumferential arrangement of vessels. In the absence of a fibro-proliferative scaffold for vessel growth behind the iris on UBM, NVC appears to be a primary event. Another possibility could be the abnormal proliferation of vessels on the ciliary body with subsequent extension through ciliary zonules onto the lens capsule. The lens capsule secretes anti-endothelial cell inhibitory factors inhibiting NVC even in the presence of concurrent iris neovascularization.<sup>4</sup> Any injury allows the lens capsule to respond to lens specific growth factors to permit proliferation of new vessels.<sup>5</sup> A traumatic microcapsular breach could also have precipitated NVC in our case.

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#### References

- 1 Comarrata MR, Chang S, Sparrow J. Iris neovascularization in proliferative vitreoretinopathy. *Ophthalmology* 1992; **99**: 898–905.
- 2 Barile GR, Chang S, Horowitz JD, Reppucci VS, Schiff WM, Wong DT. Neovascular complications associated with rubeosis iridis and peripheral retinal detachment after retinal detachment surgery. *Am J Ophthalmol* 1998; **126**: 379–389.
- 3 Aiello LP, Avery RL, Arrigg PG, Keyt BA, Jampel HD, Shah ST *et al*. Vascular endothelial growth factor in ocular fluid of patients with diabetic retinopathy and other retinal disorders. *N Engl J Med* 1994; **331**: 1480–1487.
- 4 Williams GA, Eisenstein R, Schumacher B, Hsiao KC, Grant D. Inhibitor of vascular endothelial cell growth in the lens. *Am J Ophthalmol* 1984; **97**: 366–371.
- 5 Rutland CS, Mitchell CA, Nasir M, Konerding MA, Drexler HCA. Microphthalmia, persistent hyperplastic hyaloid vasculature and lens anomalies following overexpression of VEGF-A188 from the  $\alpha$ A-crystallin promoter. *Mol Vis* 2007; **13**: 47–56.

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#### Sir, Incidental folliculotropic mycosis fungoides in a blepharoplasty specimen performed for dermatochalasis

Blepharoplasty is a common cosmetic procedure carried out throughout the world. The skin that is removed during the procedure is usually discarded. We present a case of a routine blepharoplasty performed for bilateral dermatochalasis, in which a high suspicion of index on the part of the surgeon, resulted in the detection of serious histopathological changes in the redundant eyelid skin that would otherwise have been discarded.

#### Case report

A 68-year-old woman was referred to the oculoplastic surgeons with dermatochalasis with vision obstruction. In clinic the visual acuities were 6/9 OD and 6/9 OS aided and the lids showed bilateral upper lid dermatochalasis worse on the right, with a mechanical