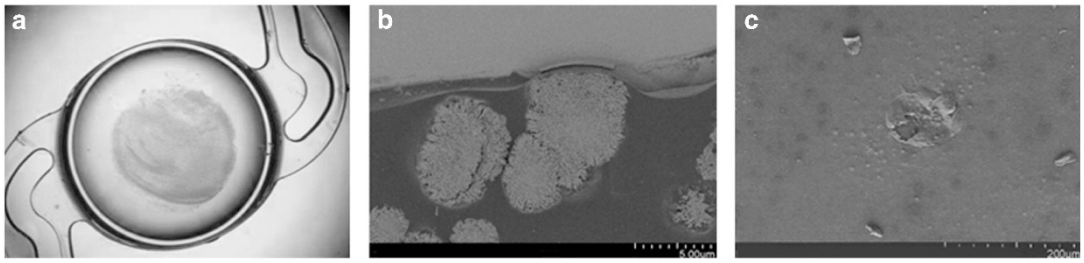

Figure 1 (a) Opacification of the IOL optic in Case 1, (b) scanning electron microscopy (SEM) cross-section demonstrating calcium crystals within the IOL optic just below the surface and (c) SEM of the IOL surface showing discrete elevations associated with sub-surface deposition of crystals leading to focal disruption of the anterior lens surface in places.

with only one bubble of air. However, an institutional audit identified 10 patients with a Rayner HA-IOL who required a re-bubble after DSAEK. That four of these (all described in this report) developed subsequent lens calcification suggests a significant risk. We now use hydrophobic IOLs in patients with corneal pathology who may require DSAEK in future, given that IOLs with lower water content are less prone to calcification.[4,5]

Conflict of interest

The authors declare no conflict of interest.

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Sir,
Urrets – Zavalia syndrome as a complication of ocular hypotonia due to intravenous cidofovir treatment

We read the article written by Orssaud *et al*[1] published in your valuable journal.They reported a case of Urrets–Zavalia syndrome (UZS) after receiving intravenous cidofovir treatment for laryngotracheal papillomatosis. They reported that anterior uveitis was observed in both eyes and the authors prescribed topical steroid and topical atropine 1% twice a day. Despite discontinuation of topical atropine therapy, she developed UZS in the left eye. They related the fixed dilated pupil to ocular hypotonia. However, they used atropine for the treatment of anterior uveitis and the iatrogenic mydriasis is a more common reason for the UZS as described by Mocan *et al*[2] (although the other eye did not develop UZS). As they proposed, iris ischemia precipitated by iris dilation and strangulation of iris vessel and iatrogenic damage to the radial nerve fibers of the iris could result in UZS.

Conflict of interest

The authors declare no conflict of interest.

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