

**Sir,  
Reply to 'Patient experience of the transition from  
Xalatan to generic latanoprost'**

I congratulate the authors of this study.<sup>1</sup> It is, to my knowledge, the first published study on the real world experience of patients receiving generic versions of latanoprost available in the UK.

The results relating to patient preference and desire to recommence branded medication are as expected. Patients in the study, as many patients with ocular hypertension and primary open angle glaucoma, are subject to variables associated with non-acceptance of generic medication, namely, being elderly and having had their medicine originally prescribed by a hospital specialist.<sup>2</sup>

Patients concerned about wasting of resources can be reassured. The cost of using generic latanoprost at the April 2014 price of £1.77 per 2.5 ml (Department of Health Drug Tariff, available at [http://www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm)), is substantially less than that of using Xalatan at £12.48 per 2.5 ml (<http://www.mims.co.uk/Drugs/eye/glaucoma/xalatan/>) even if the patients need more than one bottle per month. Patients who are supported in the change—for example, by counselling and the provision of suitable dispensing aids—are more likely to adjust successfully.

I note that the study was undertaken before the introduction of the new formulation of Xalatan in March 2013 (<http://www.medicines.org.uk/emc/medicine/9043/SPC/>). The lower pH of the Xalatan available since that date may alter the results relating to comfort in the eye as Xalatan is now the most acidic latanoprost eye drop on the UK market.

It would be of interest to know whether loss of control of IOP in individuals using generic latanoprost was associated with non-compliance due to problems in administration of the medication or with the use of specific generics. Patients and those involved in their care should be encouraged to report problems with generic latanoprost to the MHRA via the Yellow Card scheme giving details of the generic concerned.

**Conflict of interest**

The author declares no conflict of interest.

**References**

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*Eye* (2014) **28**, 912; doi:10.1038/eye.2014.72;  
published online 11 April 2014

**Sir,  
Spontaneous resolution of a rare case of circumferential  
lymphangiectasia haemorrhagica conjunctivae**

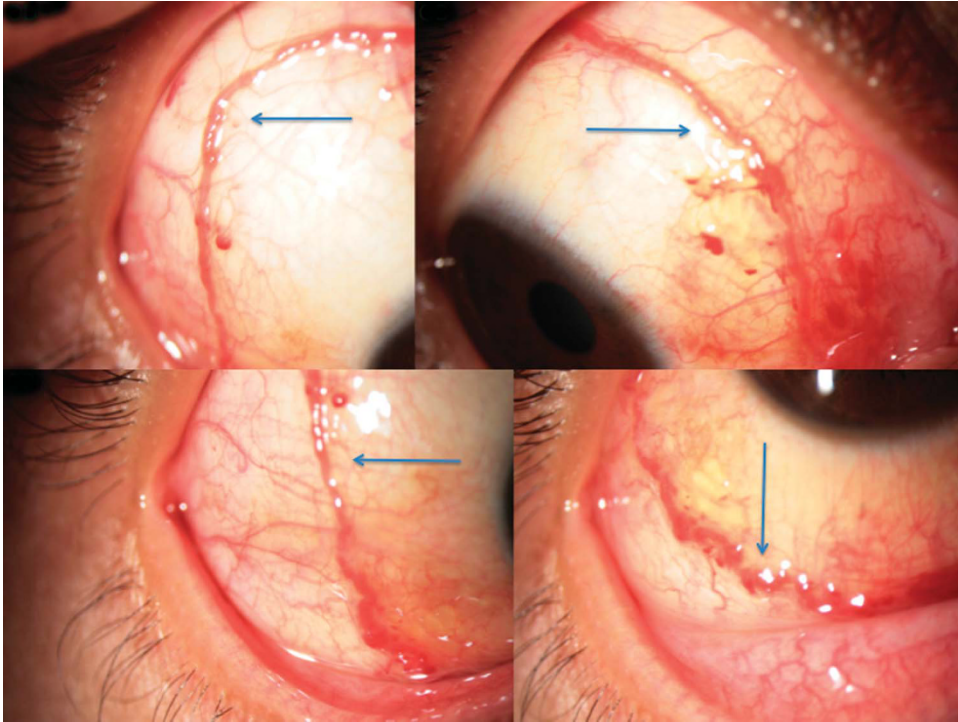
First described by Leber in 1880, lymphangiectasia haemorrhagica conjunctivae (LHC) is a rare condition in which the lymphatic channels in the bulbar conjunctiva are dilated and filled with blood.<sup>1,2</sup> Only a few cases of spontaneous attacks followed by rapid resolution have been reported.<sup>1–4</sup>

**Case report**

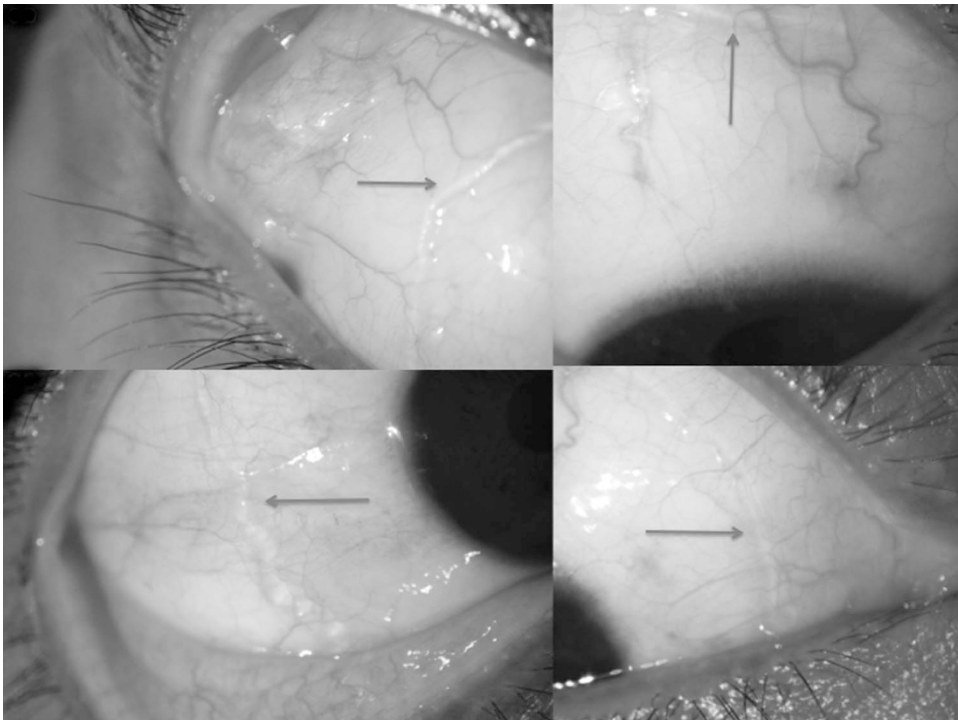
An otherwise healthy 36-year-old woman, with no previously known ophthalmic or systemic pathology complained of spontaneous ocular redness and swelling in her right eye. Slit-lamp biomicroscopy revealed a circumferential (360°) engorgement of the bulbar conjunctival vessels, which appeared as worm-like conjunctival lymph vessels filled with blood (Figure 1). The clinical picture was consistent with the diagnosis of LHC. Cranial computed tomography scan was unremarkable. The blood took 4 weeks to clear. Varicose tortuous and transparent lymphatic vessels at the site of previously blood-filled vessels were noted as linear bulbar swelling with the classic 'string of pearls' appearance (Figure 2). No recurrence was observed after 18-month follow-up.

**Comment**

There are connections between the deep conjunctival venous plexus and the collector channels. Occasionally, retrograde flow results in the lymphatic channel filling with blood. Approximately 4–8 mm behind the limbus, large collector channels run circumferentially receiving lymph from the radial lymphatic vessels. LHC might be an isolated finding<sup>2</sup> or may be a rise in the periocular or orbital pressure, resulting in venous engorgement and a backflow of blood from the venous into the conjunctival lymphatic system by overcoming the valve mechanism.<sup>3</sup> The clinical picture of this condition consists of segmental constrictions and balloon-shaped dilations of blood-filled lymphatic vessels in the conjunctiva. Although LHC usually resolves spontaneously, it may have tendency for recurrence. The blood resolved spontaneously in our patient and did not require any further intervention. Our case is exceptional because of the anatomic location and the full haemorrhagic component of the dilated vessels. Previous reports of



**Figure 1** A circumferential (360°) engorgement of the bulbar conjunctival vessels appeared as worm-like conjunctival lymph vessels filled with blood (arrows).



**Figure 2** Varicose tortuous and transparent lymphatic vessels at the site of previously blood-filled vessels showing classic 'string of pearls' appearance (arrows).

LHC consist in localised haemorrhagic dilated vessels generally in the temporal conjunctiva.<sup>2,3</sup> To our knowledge, this is the first reported case of LHC involving 360° of bulbar conjunctiva. The absence of associated pathology, which might raise the periorbital or orbital pressure, suggests an idiopathic form.

#### Conflict of interest

The authors declare no conflict of interest.

#### References

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*Eye* (2014) **28**, 912–914; doi:10.1038/eye.2014.73;  
published online 4 April 2014