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Sir,

RE: Long-term outcomes and risk factors for failure with the EX-press glaucoma drainage device

We congratulate Mariotti *et al*¹ for their very interesting article ‘Long-term outcomes and risk factors for failure with the EX-press glaucoma drainage device’ in which they report the long-term outcomes and risk factors for failure with the EX-PRESS shunt implanted under a scleral flap.

We would like to point out some issues that we believe need further clarification.

First, in their article the authors report that ‘Two hundred and forty-eight eyes of 211 patients with uncontrolled glaucoma underwent EX-PRESS implantation (with or without cataract extraction) between September 2000 and September 2009’; however, it is not clear whether the authors excluded patients who had previously undergone cataract surgery and intraocular lens (IOL) implantation? More importantly, did they exclude patients with complicated cataract surgery?

Second, in the 112 eyes that underwent combined surgery, what was the exact technique?

Did they perform the cataract surgery and then the modified trabeculectomy with the EX-PRESS valve or vice versa? Was the cataract surgery in all the eyes uncomplicated? And if not, did they continue the procedure of the EX-PRESS implantation? Did the authors have any cases where an anterior chamber IOL (ACIOL) or an Artisan type had to be inserted? It would be very interesting to know whether the EX-PRESS valve works efficiently in the eyes with complicated cataract

surgery and whether the EX-PRESS success rates are different in these eyes.

Conflict of interest

The authors declare no conflict of interest.

Reference

- 1 Mariotti C, Dahan E, Nicolai M, Levitz L, Bouee S. Long-term outcomes and risk factors for failure with the EX-press glaucoma drainage device. *Eye (Lond)* 2014; **28**(1): 1–8.

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Sir,

Response to: RE: Long-term outcomes and risk factors for failure with the EX-press glaucoma drainage device

We thank Georgalas *et al*¹ for the interest shown towards our article.²

We did not exclude pseudophakic eyes before surgery. In our series, 79 patients were pseudophakic at the time of the Ex-press implantation (32%). Patients with previous complicated cataract surgery were not excluded.

The combined technique consisted of starting the procedure with the modified trabeculectomy first and then, once the scleral flap was ready, performing the cataract surgery with a temporal approach. After the phaco and IOL implantation were completed the surgeons placed the AC maintainer and performed the sclerotomy and Ex-press insertion. Cataract surgery was uneventful in all patients of this group. None of the surgeries required ACIOL.

Conflict of interest

The authors declare no conflict of interest.

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- 1 Georgalas I, Papaconstantinou D, Koutsandrea C. RE: Long-term outcomes and risk factors for failure with the EX-press glaucoma draining device. *Eye* 2014; **28**(8): 1034.
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**Sir,
Relapsed T-cell acute lymphoblastic leukaemia in the vitreous of an adult: a case report**

Adequate vitreous sampling is essential to secure a timely diagnosis of a vitreous haematological malignancy, be it

lymphoma or leukaemia. We report an adult with a vitreous relapse of T-cell acute lymphoblastic leukaemia, in which a positive vitreous biopsy altered the course of previously planned treatment.

Case report

A 20-year-old African male presented with night sweats and lymphadenopathy. Flow cytometry of a bone marrow aspirate revealed a diagnosis of T-cell acute lymphoblastic leukaemia (T-ALL—WHO classification) and he was treated with the UK ALL 2003 trial protocol.¹ Follow-up showed remission with high-risk minimal residual disease. Regular protocol lumbar punctures for intrathecal methotrexate showed no blasts at any time in the cerebrospinal fluid (CSF).

Towards the end of the reconsolidation phase of treatment, he complained of painless vision deterioration. Visual acuity was 6/60 in RE, 6/18 in LE, with funduscopy showing bilateral partial vitreous detachment with accumulation of cells at the vitreous

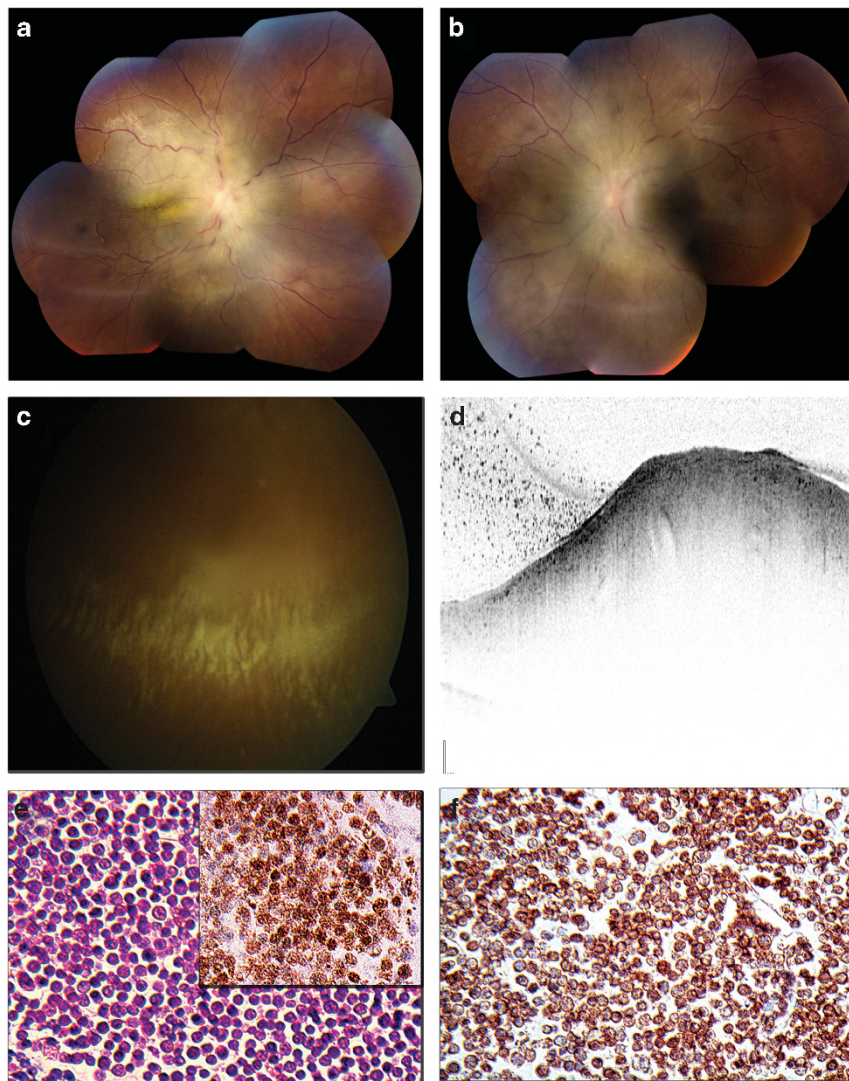


Figure 1 For caption see next page.