important to establish the source of the metastasis. This can be instrumental in planning the treatment in that patient.

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M Gupta and IG Rennie

Department of Ophthalmology
Royal Hallamshire Hospital
Glossop Road, Sheffield S10 2JF, UK

Correspondence: M Gupta
Tel: +44 1142711900
Fax: +44 1142713747
E-mail: mohiteye@yahoo.co.uk

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Sir,

Ocular Angiostrongyliasis: removal of a live nematode from the anterior chamber

Recovery of a parasite from the anterior chamber of the eye is a rare event despite the fact that some nematode infections such as onchocerciasis and toxocara are common in certain geographical locations around the world.[1] We report a case of ocular Angiostrongyliasis in which a live, motile nematode was seen swimming in the anterior chamber, and subsequently successfully removed from the eye.

A 33-year-old white South African man presented with a 2-day history of a painful, red right eye. He had also noticed floaters in the right eye for 5 days. He was in good general health and denied general malaise or headaches.

On ocular examination his visual acuity was 6/9 in the right eye and 6/5 in the left eye. In addition, anterior uveitis with 2+ inflammatory cells together with a live worm (Figure 1) was noted in the right eye. Intraocular pressure in the right eye was elevated at 34 mmHg. The nematode was removed intact using an irrigating/aspirating cannula through a paracentesis. The patient was treated with Gt Pred forte 1% 2 hourly, Gt Chloramphenicol four times a day, and Gt Levobunolol twice daily. The drops were tapered and stopped 4 weeks after surgery as the intraocular pressure and inflammation settled. Posterior segment examination showed white sub-retinal marks in the inferonasal periphery of the right eye but visual acuity was 6/6. There was no associated vitreous activity, and the appearance remained unchanged at the final follow-up (4 months).

The patient was referred to a tropical diseases unit for systemic review, and the nematode was sent to parasitologists for identification. No evidence of systemic parasitic infection was found. The worm was identified as an immature female of *Angiostrongylus cantonensis* (Figure 2), a round worm measuring 22.0 mm in length and 0.35 mm in diameter.

Angiostrongyliasis most commonly occurs in Southeast Asian countries and has been reported from Taiwan, Thailand, Indonesia, Vietnam, Papua New Guinea, Japan, and Sri Lanka. On reviewing the

Figure 1 The worm in the anterior chamber of the right eye.

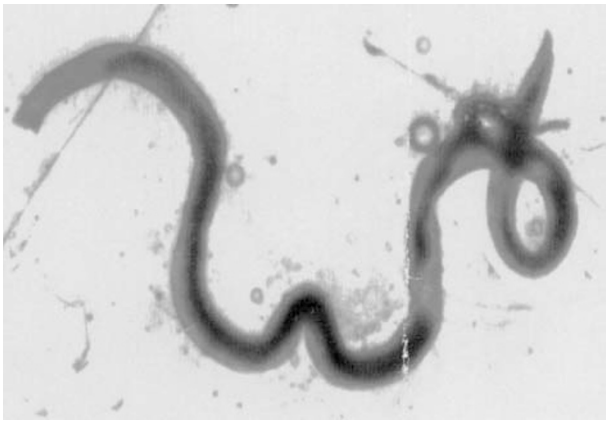

Figure 2 Light micrograph of *Angiostrongylus cantonensis* following removal from the eye (magnification x25).

literature, 14 previously reported cases were found.[2–5] Clinical findings included anterior uveitis, episcleritis, raised intraocular pressure, macular oedema, pigment dispersion, and retinal detachment.

Angiostrongylus cantonensis, a lung fluke of rodents, was first described by Chen in 1935 from the bronchial tree of *Rattus norvegicus* and *R.rattus rattus*, caught in Canton, China.[6] It is a delicate filiform worm, and has a length of 16-25 mm and a maximum diameter of 0.26-0.36 mm; the female of the species is larger. The rodent is the definite host. It is thought that humans are infected by eating inadequately cooked intermediate hosts (slugs, snails, crabs), or vegetables contaminated by larvae. The most likely routes of entry into the orbit are between the optic nerve and sheath, through the cribriform plate, and into the anterior chamber through the limbus.

It is difficult to know where our patient came into contact with the infected intermediate molluscum host. Although he is resident in the United Kingdom, he had recently visited South Africa. Medline search, however, revealed no previous reports of ocular Angiostrongyliasis from United Kingdom or South Africa.

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V Kumar[1], I Kyprianou[1] and JM Keenan[2]

[1]Birmingham and Midland Eye Centre
Dudley Road,
Birmingham, UK

[2]The Eye Unit,
The Royal Surrey County Hospital
Guildford, B18 7QH,
UK

Correspondence:
V Kumar
Tel: +44 121 554 3801
Fax: +44 121 507 6791
E-mail: vkumar@rcsed.ac.uk

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Sir,

Acquired Brown's syndrome secondary to Ahmed valve implant for neovascular glaucoma

Aqueous drainage implants are successfully used in the treatment of severe cases of glaucoma that are refractory to standard antiglaucomatous surgery. However, complications following these implants can occur.[1] In this paper, we report a case of acquired Brown's syndrome (ABS) that occurred 3 weeks following the surgical implantation of an Ahmed valve implant in the superior nasal quadrant of an eye with neovascular glaucoma. Unlike a previous report[2] in which an Ahmed valve caused ABS because the implant was placed in a patient with a small orbit, in the present case there was no