

is there a place for lipid lowering therapy? *Eye* 2002; **16**(6): 689–693.

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Sir,

Reply

I read with keen interest, the article titled 'contact lenses in the management of high anisometropic amblyopia by Roberts and Adams.¹ The authors pointed out that high anisometropic amblyopia is challenging to treat, and there is a good chance of improvement in visual acuity using contact lenses and occlusion in anisometropia of 6 diopter.²

In India, social and climatological circumstances make the wearing of contact lenses by children difficult, since most of our patients are from lower socioeconomic strata. These patients are commonly lost to follow-up, and are not available for timely examination of cornea and optical adjustments in contact lens wearing. We are of the opinion that in such cases, clear lens extraction with intraocular lens implantation is appealing, because most ophthalmologists use this procedure and good visual outcome can be achieved. Lyle and Jin² achieved a visual acuity of more than 6/12 in 89% eyes with clear lens extraction and intraocular lens implantation. We also observed an improvement in visual acuity of more than two lines in 80% patients.

References

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- 2 Lyle WA, Jin GJC. Clear lens extraction for correction of high refractive error. *J Cataract Refract Surg* 1994; **20**: 273–276.

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Sir,

Reply

We thank Dr Dadeya for his comments on our paper. We are well aware of the social and climatological difficulties that can be experienced when suggesting the use of contact lenses in children and note his comments on the difficulties of follow-up in certain patient groups. However, we do have significant concerns about intraocular surgery for anisometropia in the paediatric age group because of the potential for serious complications including posterior capsule opacification, glaucoma, marked anterior uveitis with synechiae or membrane formation, and retinal detachment. Unpredictable refractive outcomes and higher reoperation rates are well recognised in paediatric cataract surgery. The issues surrounding paediatric lens implantation have recently been highlighted in an editorial in the *Journal of AAPOS*.¹ It is true that some groups have reported excellent visual results from implant surgery in older children; however, close follow-up is important and posterior capsular opacification is still an issue. Occlusion therapy for amblyopia is still required to gain a visual result after surgery and will require regular attendance at clinic. In the context of a society in which follow-up may be challenging, the amblyogenic effect of capsule opacification is of great concern and certainly may prove to be more amblyogenic than the original presenting anisometropia.

References

- 1 Levin AV. IOLs, innovation and ethics in pediatric ophthalmology: let's be honest. *J AAPOS* 2002; **6**(3): 133–135.

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