- 2 Jellie HG, Gonder JR, Canny CLB, Arce FP, Kaufmann JC. Ocular involvement in thrombotic thrombocytopenic purpura; the angiographic and histopathological features. *Can J Ophthalmol* 1984; **19**: 279–283.
- 3 Power MH, Regillo MC, Custis PH. Thrombotic thrombocytopenic purpura associated with purtscher retinopathy. *Arch Ophthalmol* 1997; **115**(1): 128–129.
- 4 Patel MR, Bains AK, O'Hara JP, Kallab AM, Marcus DM. Purtscher retinopathy as the initial sign of thrombotic thrombocytopenic purpura/hemolytic uremic syndrome. *Arch Ophthalmol* 2001; **119**(9): 1388–1389.

T Ong, W Nolan and J Jagger

Ophthalmology Department, Royal Free Hospital London NW3, UK

Correspondence: T Ong Tel: +44 77 60273918 Fax: +44 208 692 9111 E-mail: tuyen.ong@doctors.org.uk

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Sir, Calcification of Aqua-Sense intraocular lenses

We read with interest the article by Izak and co-workers, reporting clinical and pathological features of hydrophilic acrylic intraocular lenses (IOLs) of three major designs explanted because of late postoperative opacification.¹

These authors analysed eight Aqua-Sense IOLs (Ophthalmic Innovations International, OII). Five of them had been explanted in South Africa, two in the UK, and one in Brazil. According to the paper, a total of 23 cases of postoperative opacification of the Aqua-Sense lenses were observed by Dr Troskie in South Africa, and the manufacturer of the Aqua-Sense lens has apparently reported 12 similar cases to the authors in a personal communication in September 2001.¹

In the University Hospital Aintree, Liverpool, UK, we have exchanged 25 opacified Aqua-Sense lenses between August 2001 and July 2003. The initial Aqua-Sense IOL implantations were performed in the year 2000 and early 2001. We summarised our experience with the exchange of these lenses in a paper that we submitted recently for consideration of publication in the *Journal of Cataract and Refractive Surgery*.

A further nine Aqua-Sense lenses developed severe late opacification but have not been exchanged so far for various reasons, bringing the total number of opacified Aqua-Sense lenses observed in our department to 34. Thus, the overall number of opacified Aqua-Sense lenses might be higher than suggested in the article and we are wondering whether other colleagues have exchanged or observed opacified Aqua-Sense lenses.

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References

 Izak AM, Werner L, Pandey SK, Apple DJ. Calcification of modern foldable hydrogel intraocular lens designs. *Eye* 2003; 17: 393–406.

E Dagres, MA Khan, GM Kyle and D Clark

Department of Ophthalmology, University Hospital Aintree, Liverpool, UK

Correspondence: E Dagres Tel: +44 7811 405836 Fax: +44 1515 294283 E-mail: edagres@yahoo.com

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Sir,

Bilateral, multiple choroidal effusions after vomiting

Choroidal effusions occur secondary to local changes such as hypotony, surgery, or inflammation. Primary uveal effusion may also occur with nanophthalmos or scleral abnormalities.¹ Acute choroidal effusion has been described in association with local or systemic predisposing factors.^{2–6} We present a patient with acute, bilateral choroidal effusions related to an episode of vomiting alone.

A 64-year-old man presented with a 2-day history of painless visual loss in the left eye noticed the morning after an episode of vomiting. Other than type II diabetes mellitus, his past medical and ocular histories were unremarkable. Visual acuity with low myopic correction was 6/6 in the right eye and 6/36 in the left. Examination of the ocular adnexae, anterior segments, and intraocular pressure was normal. Dilated fundal examination revealed multiple, shallow choroidal effusions in the