

severe anterior capsule of fibrosis with decentration of the intraocular lens implant developed postoperatively. Another similar case was described by Nishi and Nishi.<sup>9</sup> Their patient underwent phacoemulsification but postoperatively developed severe anterior capsular fibrosis leading to complete posterior chamber lens encapsulation. Aside from anterior capsule fibrosis, there is a high rate of postoperative posterior capsule opacification in these patients. Tassignon *et al*<sup>10</sup> studied the effect of posterior curvilinear capsulorhexis in patients prone to postoperative inflammation, including patients with retinitis pigmentosa. They found that reclosure of the capsule still occurred and even though the technique did not prevent posterior capsular opacification, it can be useful in certain situations. Despite higher potential complications when performing cataract surgery in this group of patients, Jackson *et al*<sup>11</sup> showed that majority of patients with retinitis pigmentosa do benefit from surgery especially those with relatively minor lens opacities. Knowing and anticipating the potential preoperative and postoperative complications, and by adjusting one's surgical technique and management when treating this group of patients, will help in maximising the visual benefits for patients with this disorder.

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M Sira and T Ho

Department of Ophthalmology  
Royal Surrey County Hospital  
Guildford GU2 7XX, UK

Correspondence: T Ho  
Tel: +44 208 453 2435  
Fax: +44 208 453 2404  
E-mail: thomasho75@hotmail.com

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Sir,  
**Re Diagnostic effectiveness of noncontact slitlamp examination in the identification of retinal tears**

Natkunarajah *et al* claim that indirect ophthalmoscopy is superior to noncontact slit-lamp examination in the identification of retinal tears. They may be correct, but unfortunately this conclusion is not supported by their data. No statistical analysis of their figures was included.

McNemar's test shows no evidence of any difference in detection rates ( $P = 0.5$ ) between the two groups.

There are now publication standards for reporting studies of diagnostic accuracy (STARD),<sup>1</sup> which readers may find useful in planning work of this type.

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GW Aylward

Catey Bunce  
Moorfields Eye Hospital  
Vitreoretinal Surgical Unit  
City Road  
London, London EC1 V 2PD, UK

Correspondence: GW Aylward  
Tel: +44 20 7566 2039  
Fax: +44 20 7566 2039  
E-mail: Bill.Aylward@moorfields.nhs.uk

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