disease only after the patient has died so that opportunities for providing consolation by specialised counselling are missed.

This case highlights the need for protocols maintaining an effective dialogue with all patients with uveal melanoma, even after they have been discharged from the ocular oncology centre, so that any concerns can be addressed without delay.

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Sir, Rose-hip keratitis

A 22-year-old male patient presented with a 1-day history of pain, redness, itching, and mild blurring of vision in his right eye, associated with a periorbital rash. He noticed the symptoms started immediately following rubbing his eyes after he ate a rose-hip fruit.

His visual acuity was normal in both eyes. The periorbital skin around the right eye was erythematous and lids were swollen. Conjunctiva was inflamed and oedematous with marked ciliary injection (Figure 1a). Tarsal conjunctiva of both upper and lower lids revealed a moderately severe papillary reaction (Figure 1c,d). The cornea showed mild haziness with small multiple peripheral infiltrates all round the circumference of the cornea (Figure 1a,b). The infiltration was mainly in the superficial layers of the cornea that is, superficial stroma although the corneal epithelium was not grossly disrupted. There was no anterior chamber activity and the intraocular pressure was within normal range.

A diagnosis of keratoconjunctivitis secondary to contact with rose-hip was made and treated with 2-hourly topical prednisolone 1% eye drops. The conjunctival inflammation and the corneal infiltrates resolved gradually and the patient was asymptomatic in 2 weeks time. The symptoms did not recur on cessation of therapy.

Discussion

Plant products, extracts, and saps are well-known causes of ocular irritation and inflammation and may lead to serious ocular surface abnormalities.^{1–3} Our patient is very unusual in that he developed a moderately severe keratoconjunctivitis following contact with rose-hip. Dog Rose (*Rosa canina*) is found in hedgerows, in scrub, and along margins of woodlands. Leaves open in April and

Figure 1 Slit-lamp photograph showing mild corneal haze with multiple superficial peripheral corneal infiltrates (a,b) and papillary conjunctival reaction and circumciliary injection (c,d).

Figure 2 Photograph showing rose-hip fruits (a), cut section of a fruit showing the seeds covered with hairs (b).

flowers appear in June and July. The fruit (the hip) is an orange-red, oblong berry (Figure 2a). They appear in late summer but are not fully ripe until October or November. The seeds of the hip are covered with stiff, sharply pointed non barbed hairs (Figure 2b) that are highly irritant to the human skin.⁴ This is in contrast to the barbed hairs seen in certain species of caterpillars and spiders, which can migrate through ocular tissues and cause severe intraocular inflammation that is, uveitis, retinitis, etc.⁵⁻⁶ The irritant property of rose-hip hairs has made it popular among some school children who use it as itching powder.⁴

Rose-hip is a very rich source of vitamin C.⁴ The extract from the fruit is well known for its medicinal qualities

such as antiseptics, antidepressant, antispasmodic, anti-inflammatory, and antiviral properties and also used in a number of recipes like puddings, ice-cream, in almost any sweet, wine, tea, etc., to name a few.

To our knowledge, this is the first case of rose-hip keratitis reported in the literature. We think our patient's ocular signs and symptoms could be a result of either irritation by the stiff hairs covering the rose-hip seeds or a result of a direct chemical effect or a hypersensitivity response to the rose-hip or due to a combination of these factors.

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Sir, Spontaneous improvement of serous maculopathy associated with congenital optic disc pit: an OCT study

Congenital optic disc pits result from an imperfect closure of the superior edge of the embryonic fissure, which leads to a two-layered maculopathy consisting of a