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JD Scott, N Puvanachandra
and MP Snead

Vitreoretinal Service Department of
Ophthalmology
Addenbrooke's Hospital
Cambridge, UK

Correspondence: JD Scott
Tel: +44 1873 811994
Fax: +44 1873 811994
E-mail: john-scott@retina-service.fsnet.co.uk

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Sir,

Primary retinal detachment surgery

Thank you for giving us the opportunity to comment upon the letter by Scott and colleagues on success rates following primary retinal detachment surgery. The authors' comment on aiming for 0% failure rate following primary surgery, although unachievable at this time, is something that we should aspire for. The goal should be set high as in the present day the vast majority of retinal detachment surgery is carried out in specialist vitreoretinal units. In addition to achieving anatomical success, functional results should also be considered. The referral service arrangements should be such that patients with macula-on detachment are dealt with on an urgent basis to reduce the risk of macula-on detachment becoming macula-off while awaiting transfer to the specialist unit. Such an arrangement presently exists in the North Trent region benefiting this group of patients.

S Dinakaran, SP Desai, LR Kolli, PJ Noble
and VV Kayarkar

Department of Ophthalmology
Doncaster Royal Infirmary
Doncaster DN2 5LT, UK

Correspondence: S Dinakaran, MD, FRCSEd
Tel: +44 1302 366666 ext 3050
Fax: +44 1302 761208
E-mail: sdinakaran@yahoo.com

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Sir,

Intravitreal triamcinolone acetonide in Eales' disease: a case report

Eales' disease is commonly seen in young individuals in Indian subcontinent. It manifests as retinal periphlebitis and in many instances progress to retinal ischaemia and neovascularization.[1] The clinical manifestation and management depends upon the stage of the disease. Corticosteroids are the mainstay of treatment in active periphlebitis stage.

We report about a patient of Eales' disease treated with intravitreal triamcinolone acetonide (IVTA) where oral corticosteriod was contraindicated because of co-existing peptic ulcer.

Case report

A 23-year-old man was seen at our institute with complaints of reduction of vision in the right eye since 1 month. On examination, the best-corrected visual acuity was 20/30, N6 in the right eye and 20/20, N6 in the left eye. The anterior segment examination was normal in both eyes and intraocular pressure was 14 mmHg in both eyes. The fundus examination of the right eye showed mild vitreous haze, hyperaemic disc, active periphlebitis, perivascular exudates, and intraretinal haemorrhages in the inferior and superonasal quadrants (Figure 1a). The left eye fundus was normal. Haematological investigations for complete blood count, erythrocyte sedimentation count, random blood sugar, serology for syphilis, ELISA for HIV, antinuclear antibody test, basic coagulation profiles were within normal limits. Mantoux test and chest X-ray were normal. The fundus fluorescein angiography (FFA) of the right eye showed staining of the vessels with late extravasation of the dye, areas of capillary nonperfusion in all quadrants, late staining of the disc and an area of neovascularization in the inferonasal quadrant (Figure 1b). The left eye angiogram was normal. Central macular thickness was 260 μm on optical coherence tomography (OCT). Oral corticosteroids were ruled out in the presence of peptic ulcer.