

situation, especially when significant proliferative vitreoretinopathy precludes safe removal of silicone oil. Therefore, despite its shortcomings, TSCPC may still be regarded as one of the most efficacious and feasible armamentarium presently available.

We commend the authors for their valuable work on this issue, and hope that our suggestions would broaden the discussion.

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References

- 1 Sivagnanavel V, Ortiz-Hurtado A, Williamson TH. Diode laser trans-scleral cyclophotocoagulation in the management of glaucoma in patients with long-term intravitreal silicone oil. *Eye* 2004 Jul 23 [Epub ahead of print].
- 2 Han SK, Park KH, Kim DM, Chang BL. Effect of diode laser trans-scleral cyclophotocoagulation in the management of glaucoma after intravitreal silicone oil injection for complicated retinal detachments. *Br J Ophthalmol* 1999; **83**(6): 713–717.

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Sir,

Reply to DYL Leung and DSC Lam

We are grateful for the comments on our recent article. The correspondents claim that the conditions that we

have treated would have lost vision in time due to their natural history, but we cannot entirely agree that this is the case with exception perhaps of diabetic retinopathy, which comprised only one patient in our study. We do, however, agree that any other modalities to control the intraocular pressure are also likely to have fared badly. The response of our unit to the poor results of diode laser trans-scleral cryophotocoagulation (TSCPC) has been to try to remove silicone in all cases, where possible, early in the management of the condition. Of course, a risk of retinal redetachment is then encountered.¹ This risk we feel is justified given the high incidence of silicone oil-induced glaucoma² and the poor results of control of the glaucoma thereafter emphasized from the results of our study. We are now using TSCPC only rarely when all other options have been ruled out.

References

- 1 Casswell AG, Gregor ZJ. Silicone oil removal: II. Operative and postoperative complications. *Br J Ophthalmol* 1987; **71**: 898–902.
- 2 Barr CC, Lai MY, Lean JS, Linton KLP, Trese M, Abrams G *et al.* The Silicone Study Group. Postoperative intraocular pressure abnormalities in the silicone study. *Ophthalmology* 1993; **100**: 1629–1635.

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