

- 3 Mauriello JA, Fiore PM, Kotch M. Dacryocystitis: late complication of orbital floor fracture repair with implant. *Ophthalmology* 1987; **94**: 248–250.
- 4 Goldman RJ, Hessburg PC. Appraisal of 130 cases of orbital floor fracture. *Am J Ophthalmol* 1973; **76**: 152–155.
- 5 Wolfe SA. Correction of lower eyelid deformity caused by multiple extrusions of alloplastic orbital floor implant. *J Plastic Reconstr Surg* 1981; **68**: 429–432.
- 6 Burres SA, Cohn AM, Mathog RH. Repair of orbital blowout fractures with marlex mesh and gelafilm. *Laryngoscope* 1981; **91**: 1881–1886.
- 7 Weintraub B, Cucin RL, Jacobs M. Extrusion of an infected orbital floor prosthesis after 15 years. *Plastic Reconstr Surg* 1981; **68**: 586–587.
- 8 Mauriello JA. Inferior rectus muscle entrapment in teflon implant after orbital floor fracture repair. *J Ophthalmic Plastic Reconstr Surg* 1990; **6**: 218–220.
- 9 Kohn R, Romano PE, Puklin JE. Lacrimal Obstruction after migration of orbital floor implant. *Am J Ophthalmol* 1976; **82**: 934–936.
- 10 Browning CW. Alloplastic materials in orbital repair. *Am J Ophthalmol* 1967; **63**: 955–962.
- 11 Lotfield K, Jordan DR, Fowler S, Anderson RL. Orbital cyst Formation associated with gelafilm use. *Ophthalmic Plastic Reconstr Surg* 1988; **3**: 187–191.

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Sir,
**Efficacy of amblyopia therapy initiated after 9 years
of age**

I have read with interest the article of KH Park *et al*¹.

It raises several questions:

The title gives the impression that the article is about the usual amblyopia observed in children with convergent strabismus. However, as we read on, we see that instead it deals with anisometropias and a few divergent strabismus, two of which are intermittent.

The discussion seems to imply that all amblyopias are alike, as the authors talk of a ‘critical period’, a term usually referring to the period in which treatment of amblyopia with convergent strabismus may be successful.

In amblyopia with convergent strabismus, early detection and treatment are essential. Our group, PHORD (Forum d’Othopsie Renouvelee et Digitale) is at present experimenting early detection with digital cameras.

While clinical observations are always interesting, I fear that, by suggesting such a high rate of success in late treatment, this article could induce nonspecialists to continue occlusion on children with convergent strabismus longer than the period in which positive results may be obtained, with the risk of creating irreversible psychological damages.

References

- 1 Park KH, Hwang JM, Ahn JK. Efficacy of amblyopia therapy initiated after 9 years of age. *Eye* 2004; **18**(6): 571–574.

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Sir,
Reply to A Franceschetti

We thank Dr Franceschetti for his interest in our article. As our title, ‘Efficacy of amblyopia therapy initiated after 9 years of age’ implies, none of the children in our study had undergone a prior ocular examination. Therefore, none had ever worn spectacles, received amblyopia therapy, or had strabismus surgery. It is quite rare that an amblyopia associated with esotropia had never undergone a previous ocular examination until the age of 9 years. Therefore, it is difficult to understand why our title gave the impression that the article was about the usual amblyopia observed in children with convergent strabismus.

As a result of the inclusion criteria according to the age when the amblyopia was detected, most of our patients were related with anisometropia. Therefore, we did not