

Sir,  
**Vitreoretinal surgery under local anaesthesia: missed fellow eye pathology**

We thank Mr West for his useful comments about our paper.<sup>1</sup> We are aware of the different criteria used by vitreoretinal surgeons to treat fellow eye pathology. This has also been alluded to in our paper. In our study, the criteria for significant pathology was based on the policy for treating fellow eyes prevalent in our unit at the time of this study. However, we would still recommend that general anaesthesia be considered if the preoperative examination of the fellow eye was inadequate.

**Reference**

- 1 Banerjee S, Tyagi AK, Cottrell DG, Stannard KP. Does vitreoretinal surgery under local anaesthetic result in missed fellow eye pathology? *Eye* 2005; **19**: 371–374.

S Banerjee and AK Tyagi

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Sir,  
**Reply to Banerjee *et al***

May I thank Banerjee *et al*<sup>1</sup> for their interesting paper pointing out the more thorough examination of fellow eyes allowed under general anaesthetic (GA) in patients who are difficult to examine for various reasons, and that missed retinal pathology is often found compared to a preoperative examination. As they say, symptomatic recent retinal tears are the main indication for

prophylaxis and the body of opinion is in favour of treating these. Rarely does a patient have symptomatic pathology in the fellow eye at the time of retinal detachment repair and many would argue about the benefits of treatment of the pathology they found which I presume was asymptomatic. The argument for GA in treatment of retinal detachment must be balanced against the significant advantages of local anaesthetic (LA) over general, especially in the elderly male patients prone to urinary retention following the latter. As in all clinical decisions, a balance has to be struck between the advantages and disadvantages of one means of treatment against another. I would suggest in many PVD detachments easily treated under LA the advantages of local over general anaesthetic outweigh that of finding pathology for which prophylaxis is of no proven benefit.

Also, it would be of interest to know how many of the operated detachments in the study were detachments without PVD, that is, due to round holes or dialysis, where GA would be the norm, and where this applies to fellow eye missed pathology.

**Reference**

- 1 Banerjee S, Tyagi AK, Cottrell DG, Stannard KP. Does vitreoretinal surgery under local anaesthetic result in missed fellow eye pathology? *Eye* 2005; **19**: 371–374.

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Sir,  
**Visualization of primary uveal melanoma with PET/CT scan**

Over the past several years, positron emission tomography (PET) has become an important diagnostic modality for evaluation of solid malignant lesions.<sup>1</sup> In contrast with computerized tomography and magnetic resonance imaging, which detect structural