No.	Size			Area mm^2 (a) $\pi . \left(\frac{d1+d2}{4}\right)^2$	<i>Volume mm</i> ³ (v) $\frac{2}{3}a.h$	PET/CT findings	
	Diameter d1	Diameter d2	<i>Height</i> h			Primary (SUV)	Metastasis
1	11	7.5	2.7	67	121	Negative	Absent
2	11	10	6	87	346	Negative	Absent
3	17	15	8	201	1072	Positive (3.45)	Absent
4	11	11	2.5	95	158	Negative	Absent
5	19	18	10	269	1729	Positive (4.25)	Absent
6	18	18	13	254	2205	Positive (6.1)	Absent
7	18	13	4.5	189	566	Positive (4.01)	Absent
8	16	16	12.5	201	1676	Positive (3.6)	Absent
9	13	12	8	125	655	Positive (8.6)	Absent
10	7	6	2.5	33	55	Absent	Absent

Table 1 Correlation of tumour size and visualization on PET/CT scan^a

SUV: Standardized uptake value.

^aRichtig E, Langmann G, Mullner K *et al.* Calculated tumour volume as a prognostic parameter for survival in choroidal melanomas. *Eye* 2004; **18**: 619–623.⁹

References

- 1 Jerusalem G, Hustinx R, Beguin Y, Fillet G. PET scan imaging in oncology. *Eur J Cancer* 2003; **39**: 1525–1534.
- 2 Gallagher BM, Fowler JS, Gutterson NI, MacGregor RR, Wan CN, Wolf AP. Metabolic trapping as a principle of oradiopharmaceutical design: some factors resposible for the biodistribution of [18F] 2-deoxy-2-fluoro-D-glucose. J Nucl Med 1978; 19: 1154–1161.
- 3 COMS Group. Accuracy of diagnosis of choroidal melanomas in the Collaborative Ocular Melanoma Study. COMS report no. 1. Arch Ophthalmol 1990; 108: 1268–1273.
- 4 Bomanji J, Hungerford JL, Granowska M, Britton KE. Radioimmunoscintigraphy of ocular melanoma with 99mTc labelled cutaneous melanoma antibody fragments. *Br J Ophthalmol* 1987; **71**: 651–658.
- 5 Augsburger JJ, Peyster RG, Markoe AM, Guillet EG, Shields JA, Haskin ME. Computed tomography of posterior uveal melanomas. *Arch Ophthalmol* 1987; 105: 1512–1516.
- 6 De Potter P, Flanders AE, Shields JA, Shields CL, Gonzales CF, Rao VM. The role of fat-suppression technique and gadopentetate dimeglumine in magnetic resonance imaging evaluation of intraocular tumors and simulating lesions. *Arch Ophthalmol* 1994; **112**: 340–348.
- 7 Spraul CW, Lang GE, Lang GK. Value of positron emission tomography in the diagnosis of malignant ocular tumors. *Ophthalmologica* 2001; **215**: 163–168.
- 8 Modorati G, Lucignani G, Landoni C, Freschi M, Trabucchi G, Fazio F *et al.* Glucose metabolism and pathological findings in uveal melanoma: preliminary results. *Nucl Med Commun* 1996; **17**: 1052–1056.
- 9 Pe'er J, Stefani FH, Seregard S, Kivela T, Lommatzsch P, Prause JU *et al.* Cell proliferation activity in posterior uveal melanoma after Ru-106 brachytherapy: an EORTC ocular oncology group study. *Br J Ophthalmol* 2001; **85**: 1208–1212.

AD Singh, P Bhatnagar and B Bybel

Department of Ophthalmic Oncology, Cole Eye Institute and Department of Molecular and

Functional Imaging, Cleveland Clinic Foundation, Cleveland, OH, USA

Correspondence: AD Singh, Department of Ophthalmic Oncology, Cole Eye Institute, Cleveland Clinic Foundation, 9500 Euclid Avenue, Cleveland, OH 44195, USA Tel: +1 216 445 9479; Fax: +1 216 445 2226. E-mail: singha@ccf.org

Eye (2006) **20**, 938–940. doi:10.1038/sj.eye.6702044; published online 5 August 2005

Sir, Beware of the bottle

We report a case of chemical injury to an eye shortly following cataract extraction due to inadvertent instillation of flea drops.

At 3 days following uneventful cataract surgery, a lady of 76 years presented to the emergency eye clinic with a painful left eye and visual acuity of 6/60 (day one 6/12). Questioning revealed that her eye had become increasingly painful following repeated instillation of Good Girl Flea Repellent drops by her daughter instead of the G Maxitrol supplied by the hospital. Her daughter, who had not been wearing her reading glasses, was unable to read the labels on the bottles which were of similar appearance, and had confused them (Figure 1). The flea drops are a herbal formula containing a number of essential oils including eucalyptus, citronella, bitrex, and sesame oil.

The eye was immediately irrigated with 700 ml of saline (pH = 7). Examination revealed marked conjunctival injection, an inferior conjunctival epithelial defect, and a large subtotal epithelial corneal defect with Descemet's folds (Figure 2). Otherwise examination was unremarkable.

She was treated with topical 0.5% prednisolone and chloramphenicol $6 \times$ daily and cyclopentolate 1% t.d.s. After 4 days, the epithelial defect had healed and visual acuity had improved to 6/18. By 3 weeks, all injury signs had resolved.

While between 57 and 90% of patients report physical difficulties with drop administration,^{1,2} 40% also have difficulty with reading the labels of their eye drop.¹ Many patients have their postoperative drops applied by a friend/relative and a large number of these carers also experience similar difficulties with drop administration.¹ Of those instilling their own drops, 66% reported that their expectations of how they would manage differed from their actual experience.³

This case highlights the importance of ensuring that both the patient and the carer understand the postoperative drop regime and can correctly identify eye drop bottles. In order to minimise the risk of confusion, we suggest that patients should be warned that not all eye-drop style bottles contain eye drops, and that any other bottle of a similar size and shape to their own medication, should be removed or stored elsewhere to prevent the risk of inadvertent administration. In addition, identification of a particular eye drop may be encouraged using coloured bottle caps in order to



Figure 1 The drop bottles are of similar size and shape.



Figure 2 Corneal appearance on admission.

furthermore reduce the risk of confusion. It goes without saying that we should *all* read the label on the bottle – if we still can!

References

- 1 Smith SJ, Drance SC. Difficulties patients have at home after cataract surgery. *Can J Ophthalmol* 1984; **19**(1): 6–9.
- 2 Winfield AJ, Jessimann D, Williams A, Esakowitz L. A study of the causes of non-compliance by patients prescribed eye drops. Br J Ophthalmol 1990; 74: 477–480.
- 3 Donnelly D. Instilling eye drops: difficulties experienced by patients following cataract surgery. J Adv Nurs 1987; 12: 235–243.
- E Gavin¹, B Morris² and G Shuttleworth³

¹SHO in Ophthalmology, Queen Mary's Hospital, Sidcup, Dartford, UK

²SPR in Ophthalmology, University Hospital of Wales, Heath, Cardiff, UK

³Consultant in Ophthalmology, Singleton Hospital, Sketty Lane, Swansea, UK

Correspondence: E Gavin, SHO in Ophthalmology, Queen Mary's Hospital, Sidcup, Dartford DA14 6LT, UK Tel: +44 7867786458; E-mail: gavinliz@hotmail.com

No research funding or proprietary interests to declare

Eye (2006) **20**, 940–941. doi:10.1038/sj.eye.6702047; published online 26 August 2005