

Sir,  
**Immediate argon peripheral iridoplasty (ALPI) as initial treatment phacomorphic glaucoma: a safe and cost-effective treatment?**

In their study of Argon Laser Peripheral Iridoplasty (ALPI) as an initial treatment for acute phacomorphic angle closure glaucoma, Tham *et al*<sup>1</sup> did not mention the number of patients they excluded from their trial and the reason for exclusion. Their recruitment rate of five patients per year may not be high enough to justify the cost of round-the-clock availability of facility and operator. This issue would be pertinent in developing countries where resources are more limited.

The authors additionally noted a 50% pressure increase in one of the 10 patients sampled; their suggested explanations imply that ALPI is somewhat unpredictable in its effects. Moreover, they could only postulate on how ALPI is able to reduce IOP as eight out of 10 patients had closed angles on gonioscopy. Their conclusion that ALPI is safe appears premature. Perhaps an *in vitro* model and ultrasound biomicroscopy would shed more light on the exact mechanism of ALPI in phacomorphic glaucoma.

#### Reference

- 1 Tham CCY, Lai JSM, Poon ASY, Chan JCH, Lam SW, Chua JKH *et al*. Immediate argon laser peripheral iridoplasty (ALPI) as initial treatment for acute phacomorphic angle-closure (phacomorphic glaucoma) before cataract extraction: a preliminary study. *Eye* 2005; **19**: 778–783.

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Sir,  
**Reply to S Thyagarajan**

We thank Dr Thyagarajan for his interest and comments on our paper.<sup>1</sup> We recruited 10 consecutive patients into the study which means that no patient was excluded during the period of study. Argon laser peripheral iridoplasty (ALPI) is an easily mastered procedure and requires the availability of an argon laser machine, which we think is widely used in most of the eye institutions. The issue may be pertinent in developing countries but our hospital is equipped with the argon laser machine mainly for the treatment of diabetic retinopathy and therefore, no extra cost is required for its use in the treatment of acute phacomorphic angle-closure.

One of our 10 patients had a 50% rise in the intraocular pressure (IOP) 15 min after ALPI. The IOP decreased gradually to below 25 mmHg in 4 h although systemic acetazolamide was given. If we consider the fact that the other nine patients had steady decrease in the IOP after ALPI, the failure of one case would not have implied an unpredictable IOP lowering effect of ALPI. Concerning the persistent angle closure in eight of our patients, we have admitted in the discussion that our study was unable to find out the exact IOP lowering mechanism of ALPI. Nevertheless, we concluded from the preliminary study that ALPI appeared to be safe and effective as the first-line treatment of acute phacomorphic angle-closure. We agree that *in vitro* study and randomized controlled clinical trial are needed to shed more light on it.

#### Reference

- 1 Tham CC, Lai JS, Poon AS, Chan JC, Lam SW, Chua JK *et al*. Immediate argon laser peripheral iridoplasty (ALPI) as initial treatment for acute phacomorphic angle-closure (phacomorphic glaucoma) before cataract extraction: a preliminary study. *Eye* 2005; **19**: 778–783.

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Sir,  
**A case of cutaneous collision tumour: the importance of photographic documentation and large incisional biopsy**

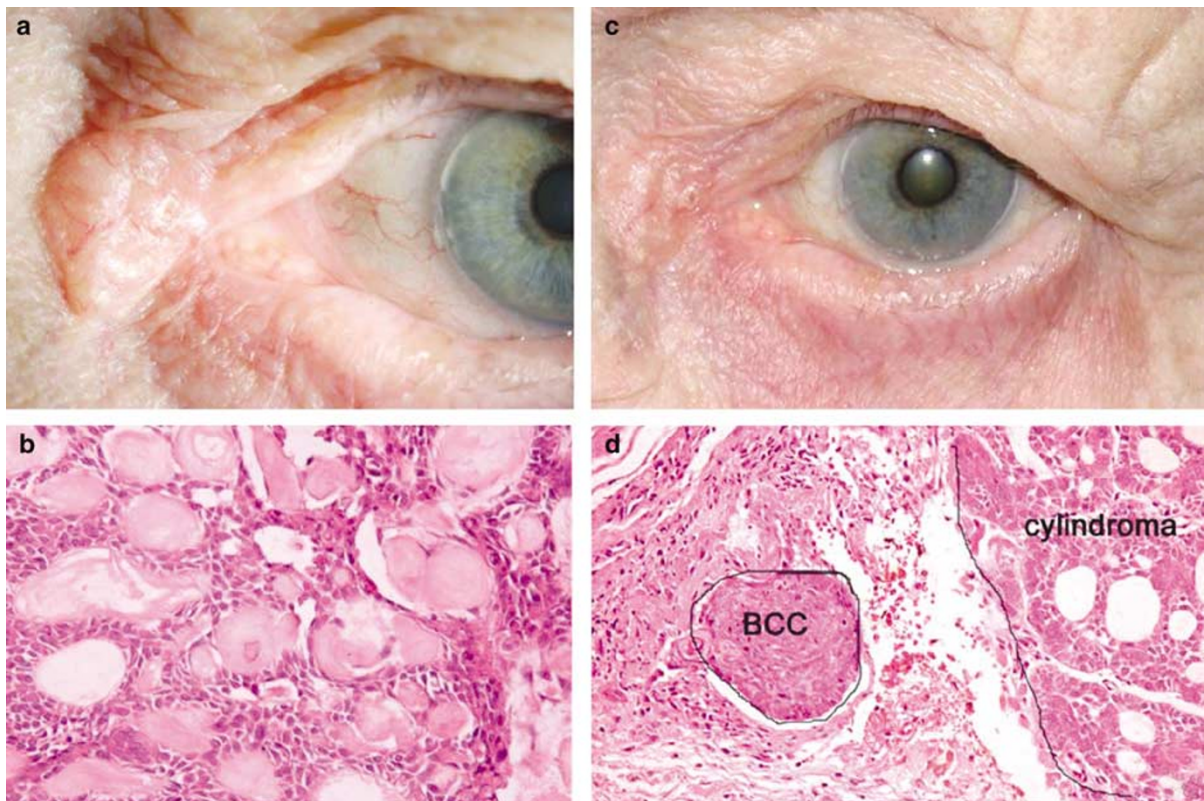
An 87-year-old lady presented with a 1-year history of a left medial canthal lesion. There had been no recent change in its colour or size, nor associated bleeding or pruritis. She gave no history of previous skin lesions or excessive sun exposure. The lesion appeared as a firm pearly nodule  $7 \times 8 \text{ mm}^2$  (Figure 1a) with small telangiectatic vessels on its surface and no associated pigmentation. It did not involve the punctum or

canaliculi. This clinical appearance was suggestive of a basal cell carcinoma.

The lesion was photographed and an incision biopsy performed. Histopathological examination identified a cylindroma (Figure 1b). However, the preincisional clinical appearance of the lesion, confirmed by review of the photograph (Figure 1a), cast doubt over the biopsy result (postincisional Figure 1c appearance). A second incisional biopsy was thus performed, which revealed two separate pathologies (Figure 1d), a cylindroma and adjacent nodular basal cell carcinoma. The patient underwent Mohs' micrographic surgery and the defect reconstructed by direct closure.

**Comment**

Contiguous or 'collision' tumours are an unusual entity. A retrospective study of 40 000 cutaneous biopsies found only 69 such examples.<sup>1</sup> The association of an adnexal tumour and a second neoplasm was found in only four patients, but none were contiguous with a BCC. In fact, this is a very rare association.



**Figure 1** (a) Preincisional photograph showing a lesion at the left medial canthus. (b) Haematoxylin and eosin stain of the first biopsy specimen. High power ( $\times 200$ ). The lesion is composed of lobules of cells with large vesicular nuclei surrounded by thick eosinophilic material. There is widespread ductal differentiation. The appearances are consistent with those of a cylindroma. (c) Postincisional photograph of the lesion illustrating the change in the appearance of the lesion following the diagnostic biopsy. (d) Haematoxylin and eosin stain of the second biopsy specimen. High power ( $\times 200$ ). Two different tumour types are seen. A focus of cylindroma is seen (right) juxtaposed with a focus of basal cell carcinoma (left). In this sample, the two lesions are intimately associated but appear separate.