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Sir,

Comment on ‘smoking delays the response to treatment in episcleritis and scleritis’

We read with interest the recent paper by Boonman *et al*,¹ which reported a delay in response to treatment of scleritis in smokers compared with that in non-smokers. The authors postulated pharmacological and immunological reasons that may explain this. One explanation that they did not address is different rates of treatment compliance between the two groups.

This is an important consideration as smoking has been shown to be a predictor of poor compliance with treatment in a diverse range of conditions including acne,² renal failure,³ epilepsy,⁴ and hyperlipidaemia.⁵

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Sir,

Response to N Ali

Compliance with treatment was not formally recorded in this study but failure to take the treatment prescribed is very unusual as scleritis is such a painful and distressing condition.

Compliance was recorded in the ‘Double Blind Trial of the Treatment of Episcleritis-Scleritis with Oxyphenbutazone or Prednisolone’ *Br J Ophthalmol*: 1966; **50**: 463–481. In this trial only six of 59 patients failed to complete the full course of treatment for reasons other than drug reactions but, unfortunately, smoking was not included as a risk factor in this trial. However, as the treatment regimes are similar to those used in the present paper the documented poor compliance of smokers would not have altered the observation that smoking/delays/the response to treatment.

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Sir,
Ocular surface squamous neoplasia in a renal transplant recipient on immunosuppressive therapy

There is an increased risk of *de novo* cancer in solid organ transplant recipients (OTR) on immunosuppression, skin cancer being the most common malignancy.¹ Squamous and basal cell carcinomas together account for over 90% of skin cancers in OTR, occurring 65–250 times as frequently as in the general population, in sun-damaged skin areas.¹ Ocular surface squamous neoplasia (OSSN) has been reported in the setting of liver transplant.² Herein we report one such case in a renal transplant recipient.

Case report

A 52-year-old man presented with a growth over the ocular surface in the right eye for 3 months. He had undergone a renal transplant 9 years ago for chronic renal failure and was on systemic immunosuppression with daily oral cyclosporine 175 mg, prednisolone 10 mg, and cyclophosphamide 50 mg. He had been earlier treated for cytomegalovirus retinitis in the left eye.

The visual acuity was 20/20 in the right eye and 20/30 in the left eye. Slit-lamp examination of the right eye showed two discrete fleshy pink conjunctival nodules crossing the limbus and involving the peripheral corneal epithelium. The lesions showed surface keratin and episcleral feeder vessels (Figure 1a). The larger nodule measured $5 \times 3 \text{ mm}^2$ in diameter and the smaller lesion measured 1 mm. Systemic examination showed papilloma over the forehead and malar skin (Figure 1b).

With a clinical diagnosis of OSSN of the right eye and facial papilloma, an excision of the limbal nodules with a 4 mm clear conjunctival margin with excision edge cryotherapy and alcohol-assisted epitheliectomy of the corneal component was performed. The facial lesions were also excised. Histopathological examination of the limbal nodules showed stratified squamous epithelium with dysplastic features, loss of surface maturation, and polarity. The cells were oval to polygonal with vesicular nucleus and large nucleoli. The basement membrane was intact, confirming the diagnosis of carcinoma-*in situ* (Figure 1c). The facial lesions exhibited finger-like

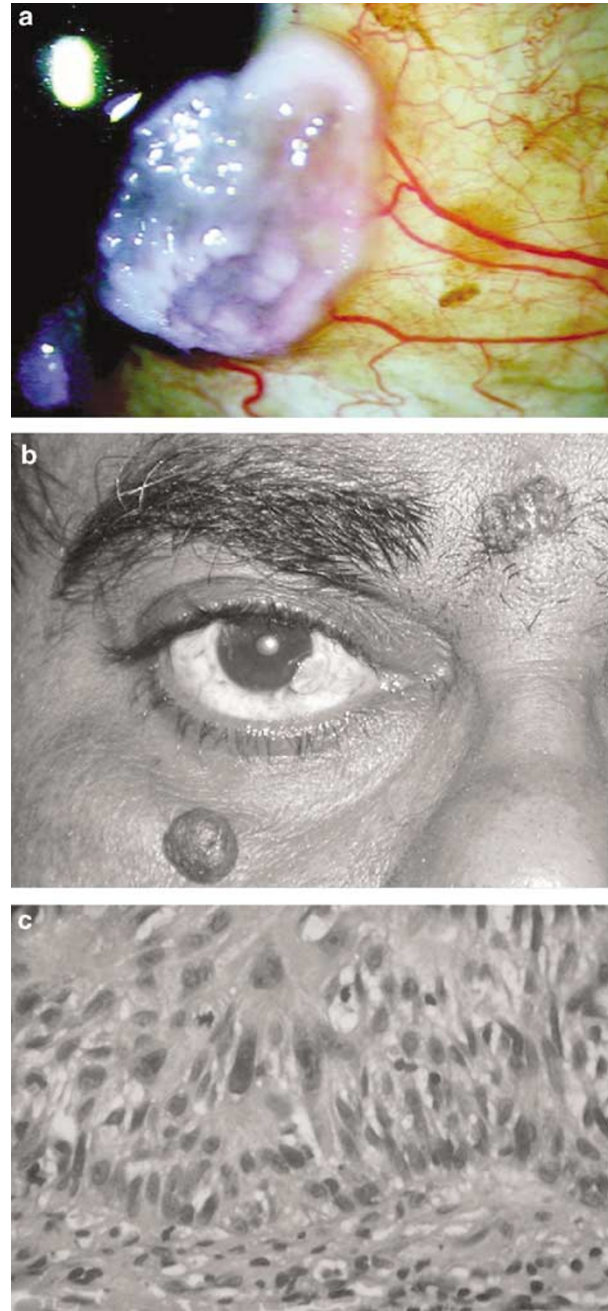


Figure 1 Ocular surface squamous neoplasia in a renal transplant recipient on chronic immunosuppressive therapy. (a) Slit-lamp photograph showing two discrete limbal nodules in the right eye, larger nodule measuring $5 \times 3 \text{ mm}^2$ in diameter, and the smaller lesion measuring 1 mm. (b) External photograph showing papilloma over the forehead and malar skin. (c) Histopathology of the conjunctival lesion shows oval to polygonal dysplastic cells with vesicular nuclei and loss of polarity with an intact basement membrane (haematoxylin and eosin, $\times 200$).

processes lined by hyperplastic keratinized squamous cells, suggestive of squamous papilloma. Polymerase chain reaction (PCR) for human papilloma virus (HPV)