operation. In his last examination 1 year after ERM peeling, retina remained attached, and his VA was stabilized at 20/60.

Comment

Complicated RD develops in 50–85% of cases with ARN syndrome.[2,5,8,9] In spite of aggressive surgical interventions, reattachment rate is low.[6,7,9] Depending on this fact, prophylactic vitrectomy and retinal laser photocoagulation have been suggested in any eye with vitreous traction or opacification to reduce the rate of RD.[2,6–9] However, the long-term visual prognosis of ARN syndrome is still poor as a result of its tendency to develop ERM after the operation.[9] Most patients require more than one surgery.[1] Likewise, postoperative ERM development and associated retinal traction occured in our case, which was thought to be the result of excessive amount of retinal pigment epithelium dispersion from the areas of retinal necrosis.

Although prophylactic vitrectomy may reduce the risk of RD in ARN syndrome, postoperative epiretinal proliferation and associated retinal traction remain as a major problem, which necessitate multiple operations in such cases.

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Sir,

Transient formed visual hallucinations following macular hole surgery

Formed visual hallucinations with retained insight and cognition or Charles Bonnet syndrome (CBS) is known to occur after ocular surgery, albeit rarely.[1] We report an unusual case of CBS following macular hole (MH) surgery.

Case report

An 82-year-old Chinese woman presented with a best-corrected visual acuity of 6/120 in her right eye due to an idiopathic stage IV MH. The left eye had a best-corrected visual acuity of 6/12. She had no psychiatric illness or organic neurological disease.

She underwent surgical repair of the MH with three-port pars plana vitrectomy, internal limiting membrane peeling, and fluid–gas exchange with 16% perfluoropropane (C_3F_8) internal tamponade. The surgery was uneventful. She was instructed to position her head face-down for 2 weeks postoperatively.

At 2 days after the operation, she complained of 'seeing' ants crawling on the bed, kittens, and people when these were not actually present. She did not hear voices associated with these images. She was aware that these images were not real. Her vision was counting fingers and the eye had a near full fill of the gas with an attached retina. There were no similar complaints in the past. She was conscious, well-oriented, and had an intact memory. Her visual hallucinations stopped on the eighth postoperative day when the gas bubble had reduced to 80% and her vision had improved to 6/120. The MH was successfully closed and her vision improved further to 6/12 four months postoperatively.

CBS usually occurs in elderly individuals with severe visual impairment[1,2] and has been reported in a variety

of ocular pathologies and following procedures such as laser peripheral iridotomy and macular translocation (MT) surgery.[1,3–5] The prevalence of CBS ranges from 0.4 to 13% in various study populations,[2] but its incidence following ocular surgery is not known.

Two cases of CBS after MT surgery have provided the strongest direct observation supporting the 'sensory deprivation' theory for CBS.[4] The visual hallucinations in these patients started within 24 h after MT and ceased after retinal reattachment and visual improvement 3 and 7 days later, respectively. Our patient developed hallucinations in the early postoperative period when her vision worsened owing to the intravitreal gas. These hallucinations ceased with a decrease in the size of the gas bubble and improvement in vision. The acute reduction in vision rather than the low visual acuity itself may have triggered the visual hallucinations, as suggested by Shiraishi *et al*.[5]

Our patient had good visual acuity in the left eye. Although CBS occurs more commonly in patients with bilateral visual loss, it has been reported in the presence of good visual acuity in the better seeing eye.[1,2,4] The postoperative prone positioning may have contributed to the occurrence of hallucinations owing to occlusion of vision in the better eye in our case. This report extends the spectrum of ocular procedures associated with CBS.

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Sir,

Ocular myopathy of Wegener's granulomatosis

Wegener's granulomatosis (WG) is a systemic disease with obscure aetiology that can frequently affect the eye.[1] An appropriate diagnostic evaluation, follow-up, and treatment can prevent progressive systemic manifestations of this disease, which may rarely result in death.[2] Extraocular muscle involvement presenting as diplopia may be the only presenting symptom of WG before the disease becomes more generalised. We report and discuss here a case of WG who presented with diplopia as a consequence of extraocular muscle involvement. This has not been reported earlier in the literature.

Case report

A 67-year-old woman presented to the eye clinic with gradual onset of painless intermittent diplopia, particularly on down gaze, over a period of 3 months. Initial ocular examination showed a mild left inferotemporal conjunctival injection with no other signs of inflammation or proptosis. Her vision was 6/9 in both eyes. Orthoptic assessment of the left eye showed restricted ocular movements on elevation as well as depression (Figure 1). Owing to the presence of suppression, there was little evidence of diplopia in any position of gaze. A tentative diagnosis of thyroid eye disease was entertained and the patient was sent for further tests. The left conjunctival redness resolved within a fortnight on topical antibiotic instillation.

Investigations including thyroid function tests, chest X-rays, FBC, ESR, serum electrolytes, complements, and