

reflectivity of the inner retina at B-scan OCT and the hyper-reflective wrinkling in the MPB observed at OCT C-scan. In our case, both B- and C-scans have shown foveal traction from the incompletely detached posterior hyaloid. Together with ocular stretching, tangential epiretinal tractions are likely to have a role in the formation of the posterior detachment. The frequency of association between tractions and retinal detachment without macular hole ranges in literature from 19⁷ to 46.4%.⁸

Despite the wide extent of the posterior detachment, our patient showed an almost unremarkable visual acuity and a normal visual field. The relatively good visual acuity seems to be a characteristic of a detachment without macular hole.³ As the detachment in these cases is usually shallow, oxygen and nutrient diffusion from the choriocapillaris to the photoreceptors may be sufficient for them to survive to some extent. Thus, regular examination with OCT should be performed to institute preventive therapies in case of macular hole formation and progressive visual decrease.

In conclusion, the use of the OCT ophthalmoscope in high myopia may provide additional informations not readily available with conventional imaging techniques. Further studies are needed to investigate these features in a larger series.

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Sir, Late-onset capsular block syndrome without lens displacement

Capsular block syndrome (CBS) is a rare complication that occurs with posterior chamber in the bag intraocular lens (IOL) placement, with continuous curvilinear capsulorhexis.¹ It classically presents with forward displacement of IOL and associated myopic shift,^{2,3} and usually occurs in the intra- or early postoperative period.⁴ We report a case of late CBS secondary to the liquefied after-cataract without the lens displacement or change in the refractive status.

Case report

An 85-year-old lady presented to the eye clinic with a history of recent deterioration of vision in her left eye. She had undergone phacoemulsification 5 years ago. The operation was uneventful with continuous curvilinear capsulorhexis of moderate size and one-piece posterior chamber lens implant. She was not at high risk for CBS. The postoperative recovery was good with the best-corrected visual acuity being 6/6.

On examination best-corrected visual acuity in the affected eye was 6/9. Slit-lamp biomicroscopy showed thick and taut anterior capsule adhered to the lens at the margin of capsulorhexis. The capsular bag was distended and bulged back into the vitreous with entrapped milky white fluid of liquefied after-cataract between the posterior capsule and the lens. The lens was *in situ*

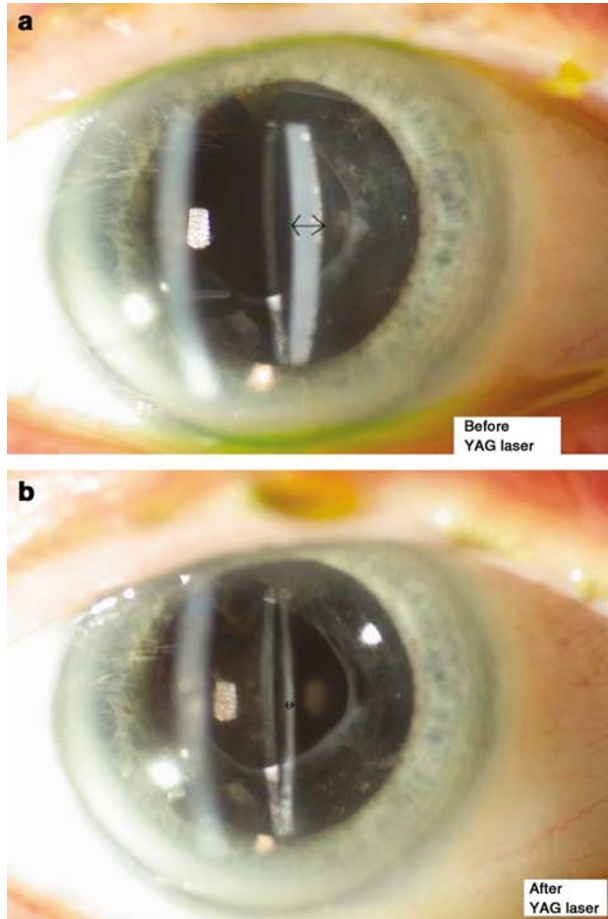


Figure 1 (a) Before YAG laser (b) after YAG laser.

without any shallowing of anterior chamber (Figure 1a). The vitreous had syneristic changes. Fundus examination was unremarkable.

A posterior Nd:YAG laser capsulotomy was carried out. The fluid interface and distorted posterior capsule disappeared immediately after the procedure (Figure 1b), with restoration of visual acuity to 6/6 unaided a week later. The AC depth measured on IOL master before and after the laser treatment was the same and there was no difference in the refractive status of the eye compared to her early postoperative finding.

Comment

Late postoperative CBS even though rare is well documented in the literature.^{5,6} The distension of posterior capsule, anterior chamber shallowing, unexpected myopic shift, and persistent uveitis are some of the presenting features. In our case, in contrast to the commonly reported earlier types, the structural changes in the anterior capsule with rigid fibrosis had prevented

the displacement of IOL. Hence, there was no change in the refractive status of the eye.

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Sir,
A case of sterile corneal perforation after bone marrow transplantation

We experienced a rare case of acute corneal perforation following sterile corneal ulcer in chronic graft-versus-host disease (cGVHD) after bone marrow transplantation. The patient was a 53-year-old Japanese man who underwent allogenic BMT because of non-Hodgkin’s lymphoma. Three years after BMT, a small corneal ulcer was developed at the paracentral region of the lower cornea, which progressed to sterile