

that determines whether an individual has a low power or a standard power TTT as defined by the authors.

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Sir,
'Late' functionally successful repair of Descemet's membrane detachment following phacoemulsification

Descemet's membrane detachment (DMD) was once a common occurrence during cataract surgery.¹ Most peripheral and localized detachments resolve spontaneously.² However, large and persistent detachments impair vision and require treatment. We report the successful attachment of DMD diagnosed 14 months after phacoemulsification.

Case report

A 65-year-old male presented to our centre, 14 months after uneventful phacoemulsification. A moderate postoperative visual gain was attributed by the primary surgeon to corneal oedema and was managed conservatively with topical steroids and antibiotics. Three months following surgery, topical acyclovir was added to the existing medication. There was no improvement even after more than 12 months of therapy.

On presentation to us, his best-corrected visual acuity was 20/125 in the right eye (RE) and 20/20 in the left eye (LE). Slit-lamp biomicroscopy revealed increased corneal thickness mostly distributed in the centre and inferior half of the cornea. The examination was remarkable for the absence of corneal vascularization, keratic precipitates, and cellular reaction in the anterior chamber. A shallow central Descemet's membrane detachment (DMD) was observed following instillation of 10% anhydrous glycerine (Figure 1a). It was continuous with the inferior side-port incision.

The DMD was successfully repaired with intracameral injection of perfluoropropane gas (14%). Corneal oedema resolved and visual acuity improved to 20/30 over a period of 7 days (Figure 1b). Confocal microscopy performed after re-attachment revealed an endothelial density of 1880 cells/mm² in RE and 2112 cells/mm² in the fellow pseudophakic eye (Figure 2a and b).

Comment

Localized, non-vision disturbing, DMD is not uncommon and tends to undergo spontaneous re-attachment.² Larger DMDs present as a significant visual handicap.^{3,4} Shah *et al*⁵ reported successful attachment of late DMDs in three patients using perfluoropropane gas. In all three cases, the DMDs were detected 2–3 weeks after surgery. To the best of our knowledge, there is no published report on successful management of DMD diagnosed 14 months after surgery.

Our case highlights two important features. Firstly, DMD should be considered as a differential diagnosis for corneal oedema even in the late postoperative period. Secondly, despite a prolonged period of detachment, the DMD is amenable to surgical repair with good structural and functional outcome.

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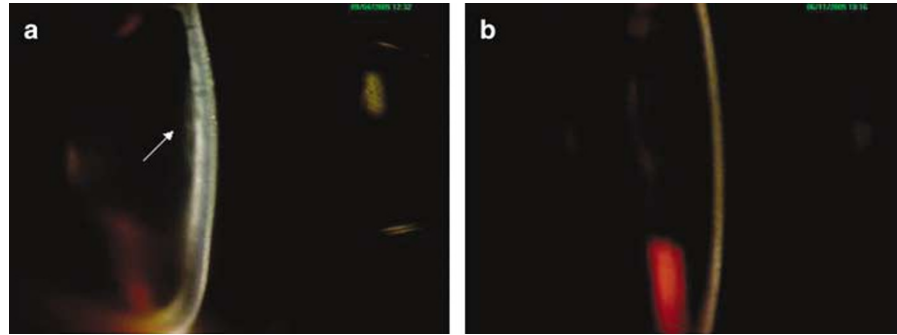


Figure 1 (a) The right eye of the patient showing central DMD (arrow) with epithelial and stromal oedema. (b) The same eye of the patient after successful repair of DMD.

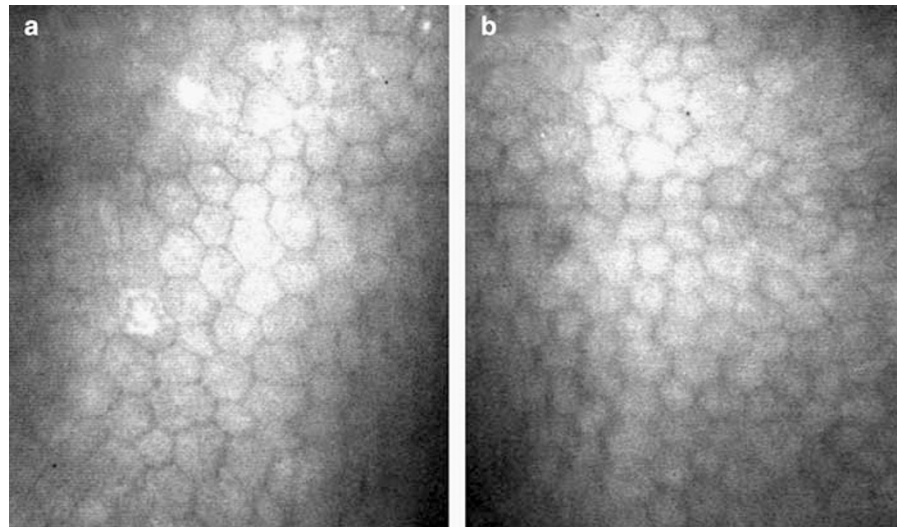


Figure 2 (a) Confocal microscopy of the right eye showing endothelial cells (cell density 1881 cells/mm²). (b) Confocal microscopy of the left eye showing endothelial cells (cell density 2112 cells/mm²).

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Sir,
Visual side effects after prolonged MRSA treatment

Case report

A 65-year-old man presented to eye casualty with a 2-month history of bilateral gradual loss of vision. The patient denied any other ocular or systemic symptoms.