Sir,

Reply to Basu

With interest we have read the article by S Basu[1] and followed the lively debate it has triggered in the Correspondence section of your publication. The implementation of the Hoffer-Q formula in the IOLMaster software has been validated at two independent sites. We are therefore confident that the formula as implemented in the IOLMaster software is working correctly.

Best regards,

Reference

1 Basu S. Comparison of IOL power calculations by the IOLMaster *vs* theoretical calculations. *Eye* 2006; **20**: 90–97.

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Sir,

Traumatic self-induced orbital apex syndrome

We present a case of traumatic self-induced orbital apex syndrome. The essential sequence of imaging techniques is presented and important management issues are discussed.

Case report

A psychiatric patient pushed a biro pen into the medial aspect of his right orbit (Figure 1). On examination, visual acuity was no perception of light, the pupil was fixed and dilated, there was ptosis, and ocular movements were absent with paraesthesia in V1. Fundus examination revealed a central retinal artery occlusion.

Figure 1 Lateral X-ray showing pen traversing right orbit.

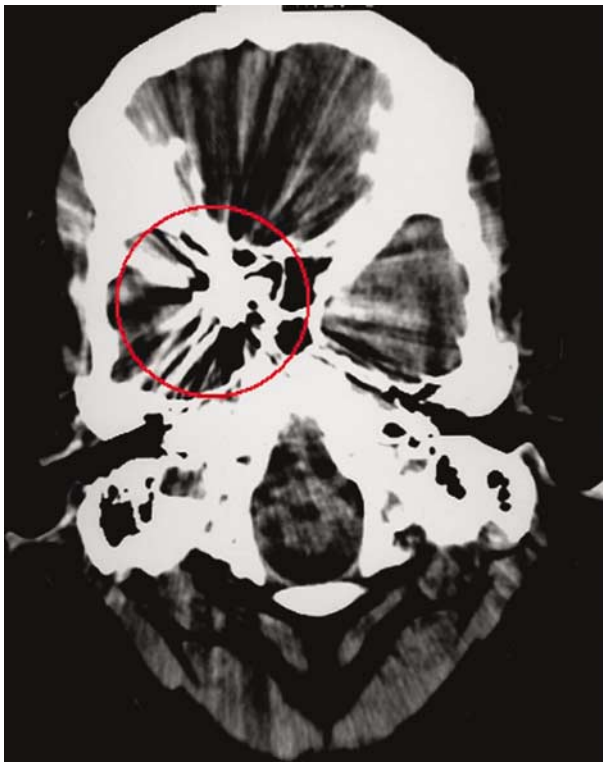

Figure 2 Plain CT brain, circled area shows artefactual change in the right parasellar region.

Figure 3 Digital Subtraction Angiogram, AP projection; arrow indicates narrowed region of cavernous internal carotid artery.