recognised limitations including the small sample size, the limited post surgical follow-up and the non masking of researchers. Nevertheless, our results have encouraged a randomised controlled trial, which is currently ongoing at Moorfields Eye Hospital and will give more solid evidence regarding the role of posturing in Macular hole surgery.

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Sir,
The use of intracameral phenylephrine in the management of intraoperative floppy-iris syndrome with doxazosin

We read with interest the findings of Dhingra *et al.*¹ Further reports on the problems of intraoperative floppy-iris syndrome (IFIS), associated with doxazosin have been described. The most recent ($n = 31$) finding is that 37% of patients taking doxazosin had features of IFIS.² However, larger series indicate that the problem is uncommon and less severe than for the α_{1A} -antagonist tamsulosin.^{3–5} An observational study by Cheung *et al.*³ of 1689 patients undergoing cataract surgery found that 9 out of 42 patients using doxazosin had incomplete IFIS. Nguyen *et al.*⁴ found that out of 375 patients with IFIS taking an α_1 -antagonist, six were using doxazosin. This was also reflected by the experience of Chadha *et al.*⁵ who found that 1 patient out of 48 using doxazosin developed incomplete IFIS.

However, we also recently encountered two patients using doxazosin with resultant moderate IFIS during cataract surgery. The first patient was a 76-year-old Caucasian male using 8 mg doxazosin po od for hypertension. The second was a 72-year-old Asian male taking 4 mg of doxazosin po od for benign prostatic hypertrophy. In both cases, there was incomplete pupil

dilatation (5 mm for first patient and 6 mm for the second) and iris undulation was noted after initial wound construction. We successfully utilised dilute intracameral phenylephrine (as described by Gurbaxani and Packard⁶) to prevent iris prolapse and maintain pupil size during phacoemulsification. Surgery was completed successfully without complication.

Both patients were noted to be taking an α_1 -antagonist preoperatively and the possibility of IFIS was anticipated. Undoubtedly, this influenced the decision to utilise intracameral phenylephrine early as a means of preventing intraoperative complications. Although our subjective grading of moderate IFIS (like Dhingra *et al.*¹) appears more severe than the experience of larger series, we agree that the possibility of well-described intraoperative complications should be anticipated. Among the numerous management options available, we found that the use of intracameral phenylephrine offered a quick and effective method for preventing further problems.

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Sir,
Pseudodendritic keratitis in children

We were interested to read Jain *et al.*'s¹ finding of pseudodendritic keratitis associated with meibomitis in young healthy male subjects. Recently, two patients who demonstrated the typical morphological features described were treated at the West of England Eye Unit, Royal Devon & Exeter Hospital, UK. The first was a