

EDITORIAL

5-fluorouracil

In this issue, the study by Franks and Hitchings on the use of 5-fluorouracil, where there is an unfavourable prognosis for trabeculectomy, confirms the experience of others in finding improved intraocular pressure control. Earlier use of higher doses was associated with more serious complications but the treatment can now be recommended at the dose described. The sub-conjunctival injection is of small volume (0.2ml) and relatively painless. Multiple repetitions at the same site in the quadrant opposite the fistula are surprisingly well tolerated by the conjunctiva. In healthy corneas, there is usually asymptomatic superficial epithelial toxicity but more serious corneal complications may occur, especially where there is pre-existing corneal disease. More frequent re-operation may be required to correct retraction of the conjunctiva or aqueous leaks.

The authors are right to emphasise the complications for although they are seldom serious we should not rush to use 5-fluorouracil in more straightforward cases unless we can demonstrate a measurable benefit from its use. There are a few recent studies on the use of this treatment for first time drainage operations. These reports are, however, not so remarkable for the success rates achieved by the use of 5-fluorouracil as the poor results in the cases where it was not used. Another study claims an advantage if the drug is introduced not on the first post-operative day but only if the pressure rises post-operatively, suggesting a risk of bleb failure. This will require careful prospective controlled studies if we are to avoid excessive use of 5-fluorouracil for temporary causes of post-operative pressure rise such as the steroid response. The drug has achieved a place in the treatment of eyes where the prognosis for drainage surgery is poor but more widespread use must wait until we have more convincing evidence.

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