



Fig. 2. Goldmann's visual field chart. Note the inferior altitudinal defect in the left eye.

Hospital for retinal arterial obstruction (RAO). Four of the 5 had an obvious direct insult: a retrobulbar haemorrhage for a surgical repair of a blow-out fracture, a knife wound, secondary glaucoma and hyphaema following a blunt trauma (in a patient with a sickle cell trait), and a metallic foreign body severing the optic nerve. In the fifth patient the pathogenesis was unclear. Goldmann's visual fields disclosed only scotomas with sloping borders and no specific mention of a horizontal lining. Visual field defects were also associated with traumatic choroidal rupture,⁵ but there was no correlation between the ophthalmoscopic picture and the visual field defects as regards size, shape or location of the lesions. In none of the reported cases were the retinal contusion and field of vision delineated along the horizontal line without evidence of retinal vascular occlusion or optic nerve compression. One possible explanation for the retinal lesion in this case is a transient superior papillary arterial spasm or embolisation that, even when resolved, left permanent damage to the hypoxaemic retina.

Mordechai Sharir, MD, PhD
 Kentucky Lions Eye Research Institute
 Department of Ophthalmology and Visual Sciences
 University of Louisville
 School of Medicine
 301 E. Muhammad Ali Boulevard
 Louisville
 KY40292, USA

References

1. Benson WE, Shakin J, Sarin LK: Blunt trauma. In: Duane TD, Jaeger EA, eds. *Duane's Clinical Ophthalmology*, vol 3. Philadelphia: JB Lippincott, 1988: chap 31, 3-4.
2. Harrington DO: *The Visual Fields: A Textbook and Atlas of Clinical Perimetry*, 4th ed. St Louis: CV Mosby, 1976: 120-1.

3. Herse PR: Altitudinal hemianopsia: a case report and mini-review. *Optom Vis Sci* 1991, **68**: 314-7.
4. Brown GC, Magargal LE, Shields JA, Goldberg RE, Walsh PN: Retinal arterial obstruction in children and young adults. *Ophthalmology* 1981, **88**: 18-25.
5. Maberley AL and Carvounis EP: The visual field in indirect traumatic rupture of the choroid. *Can J Ophthalmol* 1977, **12**: 147-52.

Sir,

Dangerous Reflections During Argon Laser Photocoagulation

For the past two years I have been using an HGM argon laser mounted in a Zeiss slit lamp, and have encountered a worrying problem. This takes the form of a dazzling, yellow-white reflex from the treatment beam, which appears whenever the laser is fired. It occurs with all types of contact lenses that I have used, and with different types of contact substance between the cornea and the contact lens. It is present, but in a very mild form, with other argon lasers I have used.

The reflexes are sufficiently dazzling in certain positions of gaze as to make prolonged laser photocoagulation acutely uncomfortable for the ophthalmologist. I showed a video of the reflexes, entitled 'Dangerous Reflections', at the recent annual meeting of the College, and I wonder whether any other ophthalmologists have experienced this type of problem with this laser or with others.

The reflex would seem to originate from the protective yellow filter with the laser and might be the 'filter fluorescence' that Sliney and Mainster have described.¹ After some delay, the suppliers of our laser suggested modifying the filter with a mask, thus reducing the filter

area that is transparent and cutting down the reflex. This has certainly alleviated the problem, but at the expense of loss of visualisation of the fundus as the shutter comes down and the laser fires. Laser safety for ophthalmologists is very topical at present, especially in relation to Professor Arden's findings,² and I wonder whether the College should provide some advisory means of monitoring laser safety.

I would be interested to hear from other laser users whether they too have encountered similar reflexes.

J. M. Gibson, MD, FRCS FCOphth,
Birmingham and Midland Eye Hospital
Church Street
Birmingham B3 2NS, UK

References

1. Sliney DH, Mainster MA: Potential laser hazards to the clinician during photocoagulation. *Am J Ophthalmol* 1987, **103**: 758-60.
2. Gunduz K, Arden GB: Changes in colour contrast sensitivity associated with operating argon lasers. *Br J Ophthalmol* 1989, **73**: 241-6.