
LETTERS TO THE EDITOR

Sir,

We were particularly interested in the study by Woodruff *et al.*,¹ as we have been collecting data, including visual acuity, on all children discharged from the orthoptic department following active treatment since April 1991, with a view to detailed analysis at the end of a 5 year period.

At this point it is not possible to make a direct comparison of our results for strabismus patients with the published report, but the anisometric amblyopic group (without deviation on cover test) can be separated without difficulty and may be of interest to readers.

In the period April 1991 to March 1994, 55 children were discharged in this category. At present children who did not attend for follow-up are included for 2 of the 3 years; the first year will be added retrospectively before full analysis. However, our clinical impression is that compliance is not a problem in this group as treatment is short term. Results in terms of visual acuity on linear testing for the amblyopic eye on discharge were: 4 patients 6/12, 13 patients 6/9 and 38 patients 6/6 or better, i.e. 93% achieved 6/9 or better. This compares with 60% in the Leicester study achieving 6/9 or better.

Woodruff *et al.* comment that results varied between centres and speculate on whether results from centres with earlier presentation relate to that fact or to better treatment. The mean age at presentation for the multicentre study was 5-6 years - much older than our group, 85% of whom presented before 4½ years owing to the orthoptic pre-school screening programme in this area.

These results would suggest that it is possible to achieve good results within existing resources.

D. W. Flanagan, FRCS, FRCOphth
R. Beardsell, DBOD

Hinchingbrooke Hospital
Hinchingbrooke Park
Huntingdon
Cambridgeshire PE18 8NT
UK

Reference

1. Woodruff G, Hiscox F, Thompson JR, Smith LK. Factors affecting the outcome of children treated for amblyopia. *Eye* 1994;8:627-31.

Sir,

We thank Mr Flanagan and Ms Beardsell for their comments on our paper 'Factors affecting the outcome of children treated for amblyopia'.

In our paper we expressed reservations about the reliability of comparisons made between centres as pre-treatment clinical details and methods of measuring the final visual acuity may not be comparable. We would be particularly cautious of comparing retrospective and prospective data, most especially if any patients are excluded from analysis because of failure to attend.

However, Flanagan and Beardsell's observations are of interest and are consistent with our findings that although a direct correlation between age and outcome could not be demonstrated, centres whose patients were younger at the start of treatment seemed to have better results.

There may have been substantial changes in the outcome of amblyopia treatment since the time of our study. For example we have in Leicester seen a reduction in the age of presentation of anisometric amblyopia by 1.7 years and this has been associated with a significant improvement in outcome. However, more studies of the effect of early detection on outcome are needed.

G. Woodruff, FRCOphth, FRCSEd

University of Leicester School of Medicine
Clinical Sciences Building
Leicester Royal Infirmary
PO Box 65
Leicester LE2 7LX
UK

Sir,

We read with interest the report by Hugkulstone *et al.*¹ of transitional cell carcinoma of bladder metastatic to the orbit. We report a similar case with unilateral rapidly enlarging proptosis which was subsequently shown histologically on fine needle aspiration orbital biopsy to be anaplastic transitional cell carcinoma of the bladder.

Case Report

A 75-year-old man presented with a 36 hour history of right proptosis, diplopia and mild ocular discom-