



Fig. 2. The post-laser appearances showing a diffuse chronic inflammatory infiltrate within the dermis. While some of the cells present may represent the original large staining cells, these are no longer easily distinguishable within the inflammatory foci. (H&E, original magnification $\times 200$).

macrophages and the inflammatory response. The patient has been followed-up for 6 months post-treatment, with satisfactory result.

Comment

Argon laser photocoagulation has recently been shown to be an effective method of treating xanthelasma lesions without major complications.⁵ The CO₂ laser has also been used with satisfactory results, although occasional pigmentary changes have been noted. The obvious advantage of the argon laser is its widespread availability and familiarity to ophthalmologists. The advantages over surgery are its use in larger lesions and that the technique is easy and fast to perform.

The histological changes described are consistent with a superficial photocoagulation of the upper skin levels to a depth of 1 mm of dermis, preserving dermal appendages and aiding in the rapid healing of the wound.^{4,6} Observation of port-wine stains treated by argon laser have proven such changes to be permanent and stable, suggesting little or no risk of future malignant changes.⁶ Xanthelasma is usually an obvious clinical diagnosis, but very rarely other lesions such as xanthogranuloma can simulate the appearances, and if there is any doubt about the nature of the lesion it is

better treated with surgical excision. Patients need to be followed-up for up to 6 months to check for immediate recurrence or residual lesion and for the occurrence of scarring. We expect the use of argon laser to treat xanthelasma lesions to become widely accepted in the future.

References

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Sir,

We welcome the comments made by Mr Adam Booth regarding the family that we recently described.¹ We became aware of the autosomal dominant iridogoniodysgeneses only after submission of our own manuscript, hence their omission from our differential diagnosis. As suggested by Mr Booth, we hope to use the known loci for these conditions as a starting point for our own investigations.

Reference

1. Rundle P, Lotery A, Archer DB, McGinnity FG. Familial deafness associated with iris denervation and glaucoma. *Eye* 1997;11:476-8.

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Sir,

Central retinal artery occlusion and optic disc drusen
Central retinal artery occlusion is unusual in young adults.¹ Systemic investigation is indicated to check for migraine, cardiac valvular disease, atrial myxoma, intravenous drug abuse, coagulopathies and collagen