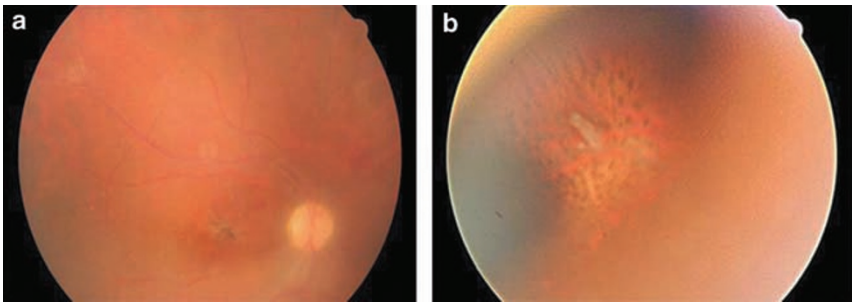

Figure 1 (a) Posterior segment of the right eye with retinal vasculitis. (b) Prophylactic laser treatment around the retinal tear.

known, retinal tears may occur when the vitreous detaches posteriorly and reaches a point of firm attachment to the retina. Vitritis and posterior vitreous detachment are both frequent findings of ocular BD. Akova *et al*[3] have demonstrated retinal tears in two cases during the active phase of panuveitis in BD. In our case, retinal tear and panuveitis were detected at the initial examination. To conclude, in severe panuveitis or vitritis, peripheral retina and vitreous base examination should be performed to exclude retinal breaks whose symptoms may be masked by the uveitis.

References

1 Sakane T, Takeno M, Suzuki N, Inaba G. Behcet's disease. *N Engl J Med* 1999; **341**: 1284.
2 Ozdal PC, Ortaç S, TaKkintuna I, Firat E. Posterior segment involvement in ocular Behçet's disease. *Eur J Ophthalmol* 2002; **12**(5): 424–431.
3 Akova YA, Yilmaz G, Aydin P. Retinal tears associated with panuveitis and Behçet's disease. *Ophthalmic Surg Lasers* 1999; **30**(9): 762–765.
4 Blaise P, Comhaire Y, Rakic JM. Giant macular hole as an atypical consequence of a toxoplasmic chorioretinitis. *Arch Ophthalmol* 2005; **123**(6): 863–864.
5 Hirsh A, Huna R, Ashkenazi I, Bartov E, Blumenthal M. Recurrent bilateral panuveitis and rhegmatogenous retinal detachment in a patient with familial Mediterranean fever. *Am J Ophthalmol* 1990; **110**(6): 702–703.

K Örnek[1], Z Onaran[1], A Ergin[1] and NF Yalçındag[2]
[1]Department of Ophthalmology, School of Medicine, Kırıkkale University, Kırıkkale, Turkey
[2]Department of Ophthalmology, School of Medicine, Ankara University, Ankara, Turkey
E-mail: kemalornek@hotmail.com

Eye (2008) **22,** 1450–1451; doi:10.1038/eye.2008.56; published online 14 March 2008

Sir,

Intraoperative floppy-iris syndrome associated with previously documented hypersensitivity reaction to adrenaline

Intraoperative floppy iris syndrome (IFIS) associated with hypersensitivity reaction to adrenaline and without other known risk factors for IFIS is described. This may suggest that hypersensitivity reaction to adrenaline is an important preoperative warning sign of IFIS. IFIS is characterized by subnormal preoperative pupil dilation, repeated intraoperative prolapse of a billowing, floppy iris, and progressive intraoperative miosis.[1] IFIS may occur with or without α-blockers and has been proposed as a form of iris dystonia.[2] It can occur in either sex with variable susceptibility and severity.[3]

A 64-year-old myopic lady (OD −7.00/−5.00 @ 20, OS −10.50/−1.00 @ 175, preoperative visual acuity (VA) with glasses 6/6 OD, 6/12 OS) was referred for cataract surgery due to myopic shift. Despite Cyclopentolate 1% and Tropicamide 1% drops the patient did not dilate well (Actual pupil size was not recorded). There was no history of previous eye disease and no evidence of pseudoexfoliation syndrome. The patient's regular medication included: Premarin, Lomotil, Seroxat, and Ibuprofen. There had been no prior α-blocker usage. When questioned about allergies, the patient reported severe shaking and palpitations with adrenaline (given by her dentist). There was no prior history of cardiac problems.

During left cataract surgery under subtenons local anaesthesia, the pupil became progressively smaller; the iris billowed and prolapsed. Intraocular lens insertion was difficult due to iris catching on the injector device. Subsequent right cataract surgery was undertaken using iris hooks and low-flow settings. This prevented iris prolapse although the iris was floppy. Each operation was performed by a different experienced consultant. The patient was satisfied with a final VA of 6/6 OD and 6/9 OS unaided.

This patient's hypersensitivity to adrenaline may be as a result of a phenomenon similar to that seen in denervation hypersensitivity in Horner's syndrome. Perhaps downregulation of α_1 adrenoreceptors, due to whatever cause, leads to iris dilator tone loss and disuse atrophy. A single case proves nothing and we cannot prove the patient definitely was hypersensitive to adrenaline, but feel that the reported symptoms may be an important preoperative warning sign of possible IFIS.

Disclosure/Conflict of interest

Not presented at a meeting. No sources of public and private financial support. No authors' have any financial or proprietary interest in a product, method, or material, or lack thereof.

References

1 Chang DF, Campbell JR. Intraoperative floppy iris syndrome associated with tamsulosin. *J Cataract Refract Surg* 2005; **31**: 664–673.
2 Helzner J. Managing floppy iris syndrome. Use of flomax has been tied to this complication. *Ophthalmol Manag*. [serial online]. April 2005 Available at http://www.ophmanagement.com/article.aspx?article=86311. Accessed 1 May 2005.
3 Osher R. Association between IFIS and flomax. *J Cat Refract Surg* 2006; **32**: 547.

SP Moore, TJ Sleep and PR Simcock

Department of Ophthalmology, NHS, Royal Devon and Exeter NHS Trust, West of England Eye Unit, Exeter, Devon, UK
E-mail: sash@doctors.org.uk

Eye (2008) **22,** 1451–1452; doi:10.1038/eye.2008.262; published online 15 August 2008