Comment
Recently, anti-VEGF therapies, using bevacizumab or ranibizumab, show favourable results in CNV to various underlying diseases.[2–5] However, there has been no report treated with ranibizumab in angioid streaks. In our case, though the left eye treated with PDT showed disappointing results, the VA of the right eye treated with ranibizumab has been stable for 1 year after treatments. We think that the treatment of CNV in angioid streaks with ranibizumab is also promising and encouraging therapy, which merits further investigations.

References
1 Menchini U, Virgili G, Introini U, Bandello F, Ambesi-Impiombato M, Pece A *et al*. Outcome of choroidal neovascularization in angioid streaks after photodynamic therapy. *Retina* 2004; **24**: 763–771.
2 Bhatnagar P, Freund KB, Spaide RF, Klancnik Jr JM, Cooney MJ, Ho I *et al*. Intravitreal bevacizumab for the management of choroidal neovascularization in pseudoxanthoma elasticum. *Retina* 2007; **27**: 897–902.
3 Wiegand TW, Rogers AH, McCabe F, Reichel E, Duker JS. Intravitreal bevacizumab (Avastin) treatment of choroidal neovascularisation in patients with angioid streaks. *Br J Ophthalmol* 2009; **93**: 47–51.
4 Rosenfeld PJ, Brown DM, Heier JS, Boyer DS, Kaiser PK, Chung CY *et al*. Ranibizumab for neovascular age-related macular degeneration. *N Eng J Med* 2006; **355**: 1419–1431.
5 Silva RM, Ruiz-Moreno JM, Nascimento J, Carneiro A, Rosa P, Barbosaa A *et al*. Short-term efficacy and safety of intravitreal ranibizumab for myopic choroidal neovascularization. *Retina* 2008; **28**: 1117–1123.

S Kang and YJ Roh

Department of Ophthalmology and Visual Science, St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Youngdungpo-gu, Seoul, Korea
E-mail: youngjungroh@hanmail.net

Eye (2009) **23,** 1750–1751; doi:10.1038/eye.2009.158; published online 10 July 2009

Sir,
A novel use of intravitreal injection callipers

Intravitreal injection is an increasingly employed option in the management of posterior segment disease. Approval of anti-VEGF agents for the treatment of exudative age-related macular degeneration has led to preprepared and single-use surgical packs being provided by the manufacturers. A 3.5-mm/4-mm caliper, facilitating the needle introduction through the pars plana in pseudophakic and phakic patients respectively, is also included (Figure 1). Excision of non-melanoma skin cancers with 4-mm margins has been well described with favourable results.[1] We have chosen to use the 4-mm end of the calliper to mark the margins for excision of BCC and

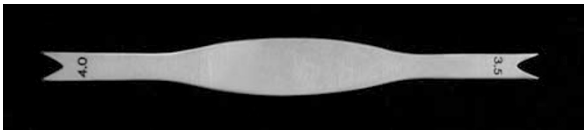

Figure 1 4 mm/3.5 mm calliper supplied with intravitreal injection pack.

low-risk SCC, as we normally would do with a standard adjustable caliper, thus saving a new instrument from being opened, putting through sterilisation procedures and the cost.

Cleaning of non-surgical instruments using a 70% isopropyl alcohol swab has previously been shown to be sufficient to prevent the spread of iatrogenic infectious disease, and this technique has made the calliper reuseable.[2]

References
1 Wolf DJ, Zitelli JA. Surgical margins for basal cell carcinoma. *Arch Dermatol* 1987; **123**: 340–344.
2 American Academy of Ophthalmology, National Society to Prevent Blindness, Contact Lens Association of Ophthalmologists. Clinical Alert 2/4: updated recommendations for ophthalmic practice in relation to the human immunodeficiency virus. *Ophthalmology* 1989; **96**: 1ff.

K Khan and C Vize

Department of Ophthalmology, St James' Hospital, Leeds, UK;
Hull and East Yorkshire Eye Hospital, Hull, UK
E-mail: kamronkhan@yahoo.com

Eye (2009) **23,** 1751; doi:10.1038/eye.2008.327; published online 7 November 2008

Sir,
Iatrogenic retinal diamond deposits: an unusual complication of using the diamond-dusted membrane scraper

Internal limiting membrane peeling (ILM) is recognised as an integral step in the success of macular hole (MH) repair.[1] Needles and picks are effective in raising a membrane edge, but their sharp points can perforate the retina.[2] Diamond-coated instruments (30 μm diamond particles fixed with non-toxic silicone adhesive) have been developed to facilitate cortical vitreous and ILM separation from the retina.[2,3] The diamond surface provides an abrasive edge that rubs against the retinal surface and can be effective in creating a membrane-edge that can be grasped with fine forceps. During the use of diamond-coated instruments for vitreoretinal (VR) procedures, diamond particles can be shed and deposited on the retinal surface, especially when the instruments are introduced through the sclerostomy or applied to retinal surface.

We recently performed 23-guage pars plana vitrectomy with ILM peel for a stage III MH. A Tano