Sir,

Response to Dr Sanjay *et al*

We wish to thank Sanjay *et al* for spotting the typo in our report on the awareness and use of nutritional supplementations for patients with age-related macular degeneration. We stand corrected: only 9.2–30% were familiar with this condition as a cause for loss of vision. We would like to take this opportunity to congratulate our colleagues in Singapore for their excellent work in furthering the dissemination of information on this critically important topic and hope that their efforts will be imitated worldwide.

M Waisbourd, A Rabinovitch, G Heilweil, M Goldstein and A Loewenstein

Department of Ophthalmology, Tel Aviv Sourasky Medical Center, Israel

Eye (2009) **23,** 488; doi:10.1038/eye.2008.82; published online 21 March 2008

Sir,

Further ideas to speed up early surgical training

I was interested to read the letter from McHugh *et al*[1] expounding the virtues of modular training for phacoemulsification cataract surgery. This approach has been in use in our unit for many years and is a useful one to allow confidence building for junior ophthalmic trainees. It is, however, just one of the of approaches that can be used to facilitate the speeding up of surgical skills' acquisition.[2]

Reverse chaining is a technique used wherein the trainee takes over towards the end of the operation—the concept being that a more experienced surgeon has successfully completed the initial parts of the process and everything is as it should be. Using phacoemulsification as an example, the trainee may remove viscoelastic at the end of the operation and if successfully completed, perform the next last step (inserting the implant) and removing viscoelastic for the next case.

Another approach is to complete the same part of each operation on the list. For example, performing all six capsulorhexis procedures on a list.

A further suggestion is to limit the time of the trainees' exposure to the surgery, thus removing the pressure of time. I use a 20- to 30-min slot for the trainee who completes what they can in that time. As the weeks go by, as long as they have regular and frequent exposure to the surgery, they will do more and more on each list.

None of this will produce as rapid a progression along the surgical competency pathway as will combining any or all of these approaches with wet lab experience.

There is no practical skill, which is not helped by regular and frequent practise but there are very few surgeons in any specialty who practise their manoeuvres regularly and frequently in a wet lab or skill centre during the early stages of their training.

A further point to make is that each trainee is potentially different from the last. Each will learn best in their own way and a really good trainer will recognize which method of teaching suites which particular trainee and will be able to tailor the method of training, such as those outlined above or the modular approach suggested by McHugh *et al*,[1] and allow each trainee to progress in a structured and facilitative environment.

All of this takes time and must be factored into the fast moving and ever expanding world of clinical service in the NHS.

References

1 McHugh JA, Georgoudis PN, Saleh GM, Tappin MJ. Advantages of modular phacoemulsification training. *Eye* 2007; **21**: 102–103. doi:10.1038/sj.eye.6702404.
2 Benjamin L. Selection, teaching and training in Ophthalmology. 2005; **33**(5): 524–530.

L Benjamin

Stoke Mandeville Hospital, Aylesbury, Bucks, UK
E-mail: larry.benjamin@btopenworld.com

Eye (2009) **23,** 488; doi:10.1038/eye.2008.76; published online 14 March 2008

Sir,

Intravitreal bevacizumab for treatment of chronic central serous chorioretinopathy

Central serous chorioretinopathy (CSC) is characterized by an idiopathic serous detachment of the neurosensory retina at the macula resulting from altered barrier function and deficient pumping function at the level of the retinal pigment epithelium (RPE). Serous detachment often resolves spontaneously and visual prognosis is relatively good. However, in some patients, chronic CSC may be associated with persistent subretinal exudation, extensive RPE atrophy, cystoid macular degeneration, and choroidal neovascularization and lead to a less favourable visual prognosis.[1–4] Herein, we describe a case with chronic CSC receiving intravitreal bevacizumab. Rapid resolution of macular detachment and termination of focal RPE leaking were found after treatment.

Case report

A 42-year-old businessman presenting with a history of CSC complained of decreased vision in the left eye for 2 months. Visual acuity (VA) measured 20/40, and retinal evaluation revealed a focal leak at the level of the RPE on the fluorescein angiogram (FA, Figure 1a) and a foveal neurosensory detachment confirmed with optical coherence tomography (Figure 1b). He was observed for 2 months without improvement. The area of leakage was judged to be too close to the foveal centre to risk the iatrogenic damage that might occur with laser photocoagulation. Treatment with intravitreal bevacizumab (1.25 mg/0.05 ml, Avastin®, rhuMAb-VEGF; Genentech, South San Francisco, CA, USA) was given in his left eye. Two weeks after treatment, VA improved to 20/20, with termination of focal RPE leaking on FA (Figure 1c) and complete resolution of the neurosensory detachment (Figure 1d). During the next 6 months of follow-up, VA remained 20/20 and macular exudation did not recur.

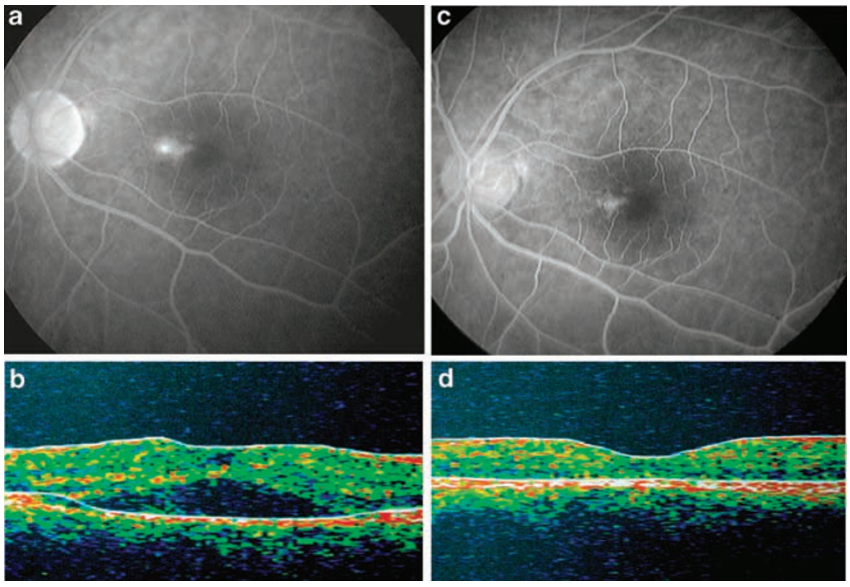

Figure 1 (a) Late-phase FA before treatment showing a focal leak at the level of the RPE. (b) Vertical-line optical coherence tomography (OCT) before treatment showing subfoveal neurosensory detachment. (c) Late-phase FA after treatment showing mottled hyperfluorescence without focal leakage. (d) Vertical-line OCT after treatment showing resolution of retinal detachment.

Comment

Persistent subretinal fluid in chronic CSC can produce severe and irreversible visual loss. Laser photocoagulation[5] and photodynamic therapy with verteporfin[6,7] have both been demonstrated to be effective in resolution of subretinal fluid. In our patient, we demonstrated that intravitreal bevacizumab can terminate RPE leaking and prompt resolution of subretinal fluid, which can be associated with rapidly improving vision and remain stable for 6 months. Although the exact mechanism of bevacizumab in chronic CSC is unknown, it may be due to the effect of antimicrovascular permeability.[8]

Of course, one case report does not prove the efficacy of intravitreal bevacizumab in chronic CSC. However, intravitreal bevacizumab may provide another treatment option for patients with chronic CSC. Further studies with greater number of eyes and longer follow-up are necessary to determine its value in these patients.

References

1 Ie D, Yannuzzi LA, Spaide RF, Rabb MF, Blair NP, Daily MJ. Subretinal exudative deposits in central serous chorioretinopathy. *Br J Ophthalmol* 1993; **77**: 349–353.
2 Iida T, Spaide RF, Haas A, Yannuzzi LA, Jampol LM, Lesser RL. Leopard-spot pattern of yellowish subretinal deposits in central serous chorioretinopathy. *Arch Ophthalmol* 2002; **120**: 37–42.
3 Iida T, Yannuzzi LA, Spaide RF, Borodoker N, Carvalho CA, Negrao S. Cystoid macular degeneration in chronic central serous chorioretinopathy. *Retina* 2003; **23**: 1–7.
4 Wang M, Munch IC, Hasler PW, Prünte C, Larsen M. Central serous chorioretinopathy. *Acta Ophthalmol Scand* 2008; **86**: 126–145.
5 Yannuzzi LA, Slakter JS, Kaufman SR, Gupta K. Laser treatment of diffuse retinal pigment epitheliopathy. *Eur J Ophthalmol* 1992; **2**: 103–114.
6 Ober MD, Yannuzzi LA, Do DV, Spaide RF, Bressler NM, Jampol LM *et al*. Photodynamic therapy for focal retinal pigment epithelial leaks secondary to central serous chorioretinopathy. *Ophthalmology* 2005; **112**: 2088–2094.
7 Cardillo Piccolino F, Eandi CM, Ventre L, Rigault de la Longrais RC, Grignolo FM. Photodynamic therapy for chronic central serous chorioretinopathy. *Retina* 2003; **23**: 752–763.
8 Witmer AN, Vrensen GF, Van Noorden CJ, Schlingemann RO. Vascular endothelial growth factors and angiogenesis in eye disease. *Prog Retin Eye Res* 2003; **22**: 1–29.

W-C Huang, W-L Chen, Y-Y Tsai, C-C Chiang and J-M Lin

Department of Ophthalmology, China Medical University Hospital, Taichung, Taiwan
E-mail: d4301@seed.net.tw

Eye (2009) **23,** 488–489; doi:10.1038/eye.2008.55; published online 14 March 2008

Sir,

Clinicopathologic correlation of a subconjunctival foreign body using ultrasound biomicroscopy and anterior segment ocular coherence tomography

Foreign body (FB) conjunctival granulomas are uncommon. Useful information regarding their nature may be provided by ultrasound biomicroscopy (UBM).[1] The value of anterior segment ocular coherence tomography (AS-OCT) remains uninvestigated. We report a case of a symptomatic FB conjunctival granuloma over a Molteno implant in a patient with uveitic glaucoma. We compared UBM and AS-OCT findings and correlated these with the histological analysis.