

- 2 Srinivasan VJ, Monson BK, Wojtkowski M, Bilonick RA, Gorczynska I, Chen R *et al*. Characterization of outer retinal morphology with high speed, ultrahigh-resolution optical coherence tomography. *Invest Ophthalmol Vis Sci* 2008; **49**: 1571–1579.

DM Squirrell<sup>1</sup>, C Mody<sup>1</sup> and HS Mudhar<sup>2</sup>

<sup>1</sup>Department of Ophthalmology, Royal Hallamshire Hospital, Sheffield, UK

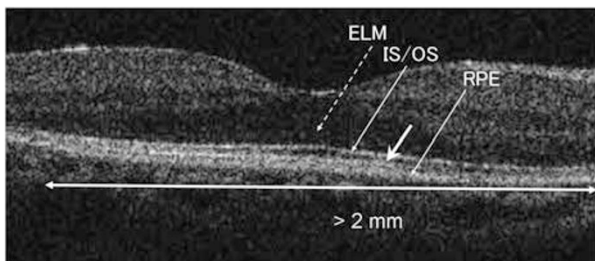
<sup>2</sup>National Specialist Ophthalmic Pathology Service (NSOPS), Department of Histopathology, E-Floor, Royal Hallamshire Hospital, Sheffield, UK  
E-mail: david.squirrell@sth.nhs.uk

*Eye* (2010) **24**, 195–196; doi:10.1038/eye.2009.66; published online 1 May 2009

Sir,  
Reply to Squirrell *et al*

We greatly appreciate Squirrell *et al* for their kind comments and beautiful images. As they mentioned, the arrow in our figure can be read as pointing to the line of ELM.

We should apologize for the incomplete explanation and presentation of the figure. We have detected at least four lines at the outer segment of the fovea. The figure provided shows the higher-magnified image of the figure (Figure 1—type 3 in the paper).<sup>1</sup> We have interpreted the uppermost line as ELM (dashed arrow), the second line as IS/OS (upper arrow), and the fourth line as RPE (lower arrow). The line between IS/OS and RPE may be the tips of the cone's outer segments (short arrow). As in many cases, the uppermost line (ELM) was faint and difficult to detect in some cases; we have defined the IS/OS line as the first or second detectable line that has similar intensity as the RPE line. This might be the same as the IS/OS line described earlier; namely, when three lines are present the uppermost line is the IS/OS.<sup>2</sup> Thus, the arrow provided in Figure 1 in the article indicates an IS/OS line, but not ELM, and the measurement was performed for the IS/OS line. We should have been more careful in making the figure and we have to apologize for the figure leading to misunderstanding.



**Figure 1** A stratus OCT image of a RP patient was analysed in the paper. The uppermost line indicates ELM (dashed arrow), the second line IS/OS (upper arrow), and the fourth line RPE (lower arrow). The line between IS/OS and RPE may be the tips of the cone's outer segments (short arrow). ELM lines are sometimes faint in stratus OCT images.

References

- 1 Oishi A, Nakamura H, Tatsumi I, Sasahara M, Kojima H, Kurimoto M *et al*. Optical coherence tomographic pattern and focal electroretinogram in patients with retinitis pigmentosa. *Eye* 2009; **23**(2): 299–303.  
2 Srinivasan VJ, Monson BK, Wojtkowski M, Bilonick RA, Gorczynska I, Chen R *et al*. Characterization of outer retinal morphology with high-speed, ultrahigh-resolution optical coherence tomography. *Invest Ophthalmol Vis Sci* 2008; **49**(4): 1571–1579.

A Oishi

Ophthalmology and Visual Science, Kyoto University, Kyoto, Japan

E-mail: aquio@kuhp.kyoto-u.ac.jp

*Eye* (2010) **24**, 196; doi:10.1038/eye.2009.67; published online 3 April 2009

Sir,  
The use of Medpor-coated tear drainage tube in conjunctivodacryocystorhinostomy

I appreciated the analysis, by Fan *et al*,<sup>1</sup> of lacrimal surgery outcomes using the relatively new Medpor-coated Jones tube. My experience is much more limited than their 26 cases; nevertheless, I have noted a high likelihood of exuberant conjunctival overgrowth ('granulation tissue') arising from the caruncle and plica remnants, presumably a reaction to the Medpor material.

In the paper by Fan *et al*,<sup>1</sup> Table 2 cites conjunctival overgrowth severe enough to cause tube obstruction in 23% of cases. I was very enthusiastic about this Jones tube modification, which seemed to promise the elimination of tube extrusion; however, I am now less keen to implant further Medpor-coated Jones tubes.

With reference to the Discussion section of the paper, I recently removed one Medpor-coated tube that had failed due to recurrent conjunctival overgrowth. This was facilitated by passing a no. 11 blade tip down the tract and slitting the Medpor sheath by cutting down onto the tube—allowing the tube to slide out easily, leaving behind a Medpor tract that could then be snipped out with scissors.

Reference

- 1 Fan X, Bi X, Fu Y, Zhou H. The use of Medpor coated tear drainage tube in conjunctivodacryocystorhinostomy. *Eye* 2008; **22**: 1148–1153.

R Redmond

Department of Ophthalmology, Scarborough Hospital, Scarborough, UK

E-mail: rmr@dsl.pipex.com

*Eye* (2010) **24**, 196; doi:10.1038/eye.2009.18; published online 13 February 2009