

Sir,  
**Accidental self-induced chemical eye injury in patients with low vision**

Legislation introduced by the Medicines and Healthcare Products Regulatory Agency in 1995 requires Braille to appear on medication labels and in patient information leaflets.<sup>1</sup> This legislation empowers blind persons with autonomy in the self-administration of drugs. Unfortunately, for those who have low vision but do not require Braille, the same safety provision does not exist.

Contact lens users are often provided with two bottles of solution: one to clean the lenses, the main ingredient usually being hydrogen peroxide, and the other to rinse the lenses. Those with low vision rely on tactile information to differentiate such solutions; however, manufacturers frequently package them in similar sized and shaped bottles. We describe two low vision contact lens wearers with self-induced chemical eye injuries secondary to confusion with contact lens solutions.

**Case report**

Patient 1, a 79 years old high myope, presented with a painful red right eye after inserting a contact lens that had accidentally been rinsed with hydrogen peroxide cleaning solution rather than rinsing solution. Visual acuity was counting fingers in the affected eye. Her left eye was blind secondary to macular degeneration. Ocular examination revealed a grossly injected right eye, corneal oedema, and a large 7 × 7 mm epithelial defect with multiple surrounding punctate epithelial erosions (PEEs).

Patient 2, a 67 years old high myope, presented with bilateral painful red eyes again after wearing contact lenses that had been accidentally rinsed with hydrogen peroxide cleaning solution rather than rinsing solution. On examination, visual acuity was 6/18 and 6/12 with glasses in the right and left eye respectively. Both eyes had deeply injected bulbar conjunctiva, multiple scattered corneal PEEs, and evidence of corneal oedema.

**Comment**

Both patients were unable to differentiate between the two bottles of solution as they are of similar shape, size, and colour (Figure 1). There appears to be a lack of tactile

information for persons with low vision with regard to contact lens solutions. We suggest that it is the responsibility of the pharmaceutical provider to ensure that there is a distinct difference in size and shape of packaging for cleaning solutions compared with rinsing solutions, thus ensuring a safety net for low vision patients using contact lenses.

**Conflict of interest**

The authors declare no conflict of interest.

**Reference**

- 1 MHRA Guideline for the naming of medicinal products and Braille requirements for name and label. <http://www.mhra.gov.uk/home/groups/islic/documents/websitesources/con065759.pdf> (accessed 3 June 2010).

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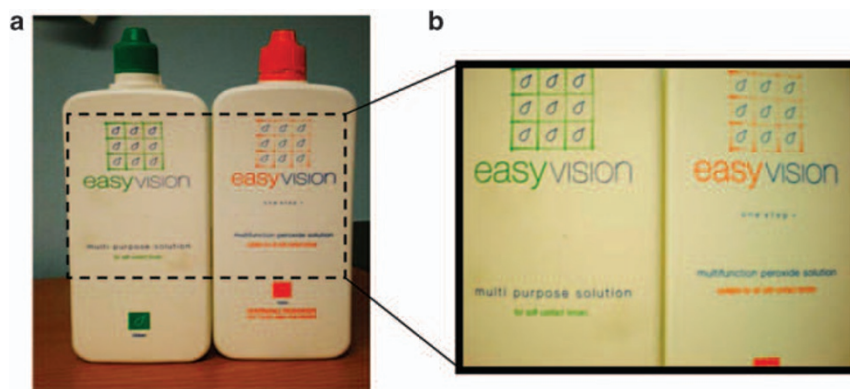
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Sir,  
**Measurement of intraocular pressure in children in the UK**

Measuring the intraocular pressure (IOP) is crucial in the assessment of paediatric glaucoma. Although Goldman tonometry (GT) is the gold standard for measuring IOP in adults, its lack of portability makes it unpractical in children.

We aimed to assess the preference of choice of instrument (Tonopen (TT), Perkins (PT), Airpuff (AT), and iCARE tonometers (iT)) for measuring IOP in children among UK paediatric ophthalmologists (POs). To the best of our knowledge, this is the first survey examining the practice of paediatric IOP measurement.



**Figure 1** (a, b) Picture illustrating the similarities in shape, size, and design of packaging between the contact lens hydrogen peroxide cleaning solution and the rinsing solution.