

- 2 Monés JM, Amselem L, Serrano A, Garcia M, Hijano M. Intravitreal ranibizumab for choroidal neovascularisation secondary to pathologic myopia: 12 month results. *Eye* 2010; **24**: 1420–1421 (this issue).

JM Monés, L Amselem, A Serrano, M Garcia and M Hijano

Institut de la Màcula i de la Retina, Centro Médico Teknon, Barcelona, Spain  
E-mail: jmones@institutmacularetina.com

*Eye* (2010) **24**, 1420–1421; doi:10.1038/eye.2010.42;  
published online 30 April 2010

Sir,

**The effects of phacoemulsification on intraocular pressure and the ultrasound biomicroscopic image of filtering bleb in eyes with cataract and functioning filtering blebs: comparison of the Tongren Eye Center and Peking University Eye Center data**

Wang *et al*<sup>1</sup> should be commended for their effort to investigate the effects of phacoemulsification on the intraocular pressure (IOP) and ultrasound biomicroscopic image of filtering bleb in eyes with cataract and functioning filtering blebs. UBM is a good method used worldwide to observe the internal structure of filtering blebs.<sup>2</sup> IOP is important for evaluating the filtering function of the eyes with filtering blebs. However, Wang *et al* claim that, unlike our results,<sup>3</sup> the IOP increased after phacoemulsification at each follow-up visit.

In the discussion, Wang *et al* compared their results with the studies of Klink *et al*<sup>4</sup> and Rebolleda *et al*.<sup>5</sup> In all, 70.4% of the patients in Wang's study were those with angle closure glaucoma compared with no patient in Klink's study and only 6 of the 49 patients in Rebolleda's study. Comparison of different types of glaucoma may make their study underpowered and of limited value.

We noticed in Wang's study that the IOP before phacoemulsification ranged from 4.0 to 19.7 mm Hg. No patient required glaucoma medication. A 4 mm Hg IOP without antiglaucoma medicine was too low for most glaucoma patients. We wonder whether such patients have complications such as choroidal detachment, chronic hypotony or overfiltering bleb. Choroidal detachment may have its own natural evolutionary course, and hence after choroidal reattachment the IOP may increase. Phacoemulsification has been used to treat overfiltering blebs<sup>6</sup> and chronic hypotony,<sup>7</sup> and hence the IOP increase after phacoemulsification was not difficult to understand.

Visibility of the route under the scleral flap and reflectivity inside the bleb are two important aspects that can be help evaluate the UBM image of a filtering bleb. The authors claim that eyes with an invisible route under the scleral flap and stronger intrableb reflectivity in UBM image before phacoemulsification had greater postoperative antiglaucoma failure.

We believe that the status before phacoemulsification is indeed important, but the change occurring after phacoemulsification might be even more important because it may reflect the effect of the surgery. Our study

showed that the increase in reflectivity inside the bleb after phacoemulsification might be a risk factor of IOP control failure.<sup>3</sup> Unlike our study, Wang *et al* claim that the visible route under the scleral flap became invisible or narrower, and the low reflectivity inside the bleb increased in most eyes, but the changes before and after phacoemulsification did not have statistical significance. It would be of particular interest if the authors could do a further subgroup analysis to analyse why this happened.

**Conflict of interest**

The authors declare no conflict of interest.

**References**

- 1 Wang X, Zhang H, Li S, Wang N. The effects of phacoemulsification on intraocular pressure and ultrasound biomicroscopic image of filtering bleb in eyes with cataract and functioning filtering blebs. *Eye* 2009; **23**(1): 112–116.
- 2 Yamamoto T, Sakuma T, Kitazawa Y. An ultrasound biomicroscopic study of filtering blebs after mitomycin C trabeculectomy. *Ophthalmology* 1995; **102**(12): 1770–1776.
- 3 Ying H, Chun Z, Wei W. The effect of phacoemulsification on eyes with preexisting functional filtering blebs. *Zhonghua Yan Ke Za Zhi* 2009; **45**(10): 898–902.
- 4 Klink J, Schmitz B, Lieb WE, Klink T, Grein HJ, Sold-Darseff J *et al*. Filtering bleb function after clear cornea phacoemulsification: a prospective study. *Br J Ophthalmol* 2005; **89**(5): 597–601.
- 5 Rebolleda G, Munoz-Negrete FJ. Phacoemulsification in eyes with functioning filtering blebs: a prospective study. *Ophthalmology* 2002; **109**(12): 2248–2255.
- 6 Lin M, Ge J, Liu Y, Zhuo Y, Guo Y. Phacoemulsification in patients with cataract and overfiltering bleb after antiglaucoma surgery. *Yan Ke Xue Bao* 2001; **17**(2): 85–87.
- 7 Doyle JW, Smith MF. Effect of phacoemulsification surgery on hypotony following trabeculectomy surgery. *Arch Ophthalmol* 2000; **118**(6): 763–765.

Y Hong, C Zhang and W Wang

Peking University Eye Center, Peking University Third Hospital, Beijing, China  
E-mail: hongshadow@gmail.com

*Eye* (2010) **24**, 1421; doi:10.1038/eye.2010.32;  
published online 26 March 2010

Sir,

**The reuse of ophthalmic minims: an unacceptable cross-infection risk?**

We read with interest the article on 'The reuse of ophthalmic minims: an unacceptable cross-infection risk?' In the clinical study, the authors found that multiple applications of unpreserved proxymethacaine 0.5% and fluorescein 0.25% in a Minims vial intended for single application have the potential to transmit bacterial infection. In all, 17% of 41 samples grew normal flora from the conjunctiva and lid area, which are mainly coagulase-negative Staphylococci and *Corynebacterium* spp.<sup>1</sup>

The authors highlighted the rationale of application of single-use Minims per patient, but cited the cost that this

incurred to the NHS. A box of 20 Minims is priced at £11.68 in our trust and this will cost the NHS 58 pence per patient.<sup>2</sup> We found that the application of proxymethacaine 0.5% drops on paper fluorescein strips in the form of Fluorets by Chauvin can be a safe and cost-effective way to stain the cornea. Each box of 100 strips costs £6.64, which is equivalent to £0.07 for usage per patient. The cost of a vial of proxymethacaine 0.5% is £0.51 (£10.19 for a box of 20 vials), and if used for 10 patients, £0.05 for each patient. The total cost of using the paper Fluorets with proxymethacaine is 12 pence per patient. This is 5 times less than the cost per vial of Minims containing proxymethacaine 0.5% and fluorescein 0.25%. Apart from this, they are portable, do not need refrigeration when not in use, are environmentally friendly, and are easier to open compared with the Minims pack available.

#### Conflict of interest

The authors declare no conflict of interest

#### References

- 1 Rautenbach P, Wilson A, Gouws P. The reuse of ophthalmic minims: an unacceptable cross- infection risk? *Eye* 2010; **24**: 50–52.
- 2 Mehta DK. *British National Formulary*. Pharmaceutical Press: UK, 2009.

YC Yap, M Smith and D Byles

Glaucoma Unit, West of England Eye Unit, Royal Devon and Exeter Hospital, Exeter, UK  
E-mail: eyapyc@gmail.com

*Eye* (2010) **24**, 1421–1422; doi:10.1038/eye.2010.43;  
published online 28 May 2010

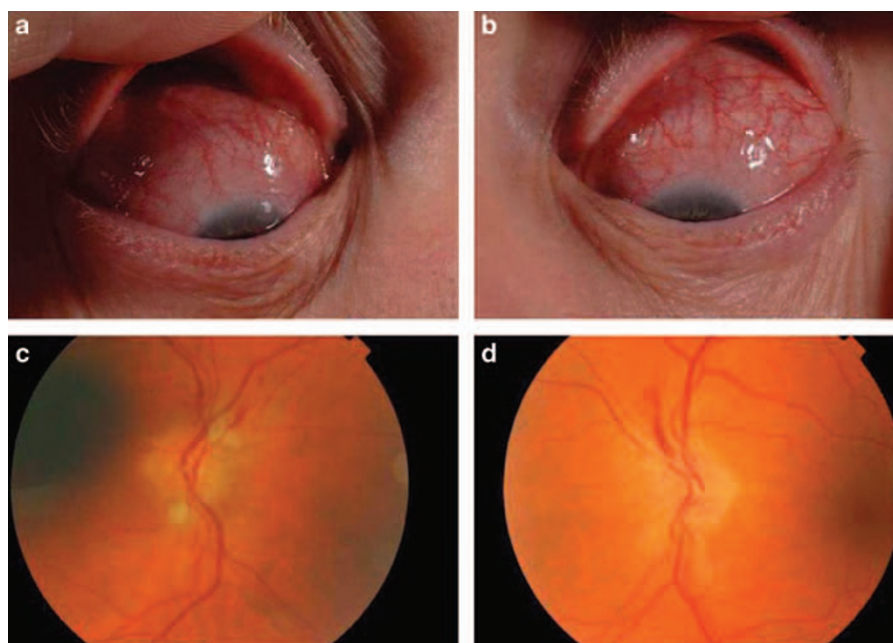
#### Sir, Bilateral disc swelling associated with posterior scleritis

We read with great interest Sandfeld *et al's*<sup>1</sup> recent correspondence regarding bilateral papillitis in ocular toxoplasmosis. Although they highlight that only a few microorganisms are required to incite a detrimental inflammatory response in the optic nerve, they argue that the relatively preserved visual function in their case tends to refute this hypothesis. We agree and feel that the simultaneous, symmetrical, and bilateral nature would also refute this hypothesis. The serology confirms an active toxoplasma infection, but we wonder what the proposed mechanism for the disc swelling in both eyes was. We would be interested to find out whether they performed a B-scan to rule out a posterior scleritis, which we feel could explain the clinical picture. We describe a similar presentation of bilateral disc swelling with normal visual function secondary to posterior scleritis.

#### Case report

A 59-year-old Caucasian man presented with bilateral, painful red eyes of 3 weeks duration. The functions of the pupils, colour vision, and optic nerve were all normal. His corrected visual acuities were 20/20 bilaterally.

Examination revealed bilateral diffuse anterior scleritis with quiet anterior chambers (Figure 1a and b) and bilateral disc swelling (Figure 1c and d). His CRP and ESR were raised (41 and 97, respectively), ANA was weakly positive and IgG was mildly raised. The rest of his autoimmune screen and his urine dip were normal. CXR revealed probable longstanding right basal atelectasis.



**Figure 1** (a, b) Anterior segment images showing diffuse anterior scleritis. (c, d) Fundus view illustrating disc oedema and associated haemorrhages.