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Eye (2010) **24**, 1527–1528; doi:10.1038/eye.2010.81;
published online 28 May 2010

Sir,

An investigation of intraocular lens damage and foreign bodies using an injectable hydrophilic acrylic lens implant

We read with interest the report of the problems S Harsum *et al*¹ encountered with the hexagonal injecting system for the Raynor C-flex 570C. Our experience was identical. Initially, it was suggested that we were loading the lens incorrectly. Ultimately, we removed the foreign body fragments and sent these with the offending cartridges to the company for their analysis.

The change in design with the round tip to the nozzle appears to be successful, and we have not encountered any difficulties since.

Your study emphasises the importance of reporting difficulties with devices to the manufacturer and the MHRA.

Conflict of interest

The authors declare no conflict of interest.

Reference

- 1 Harsum S, Mann S, Clatworthy I, Lewin J, Little B. An investigation of intraocular lens damage and foreign bodies using an injectable hydrophilic acrylic lens implant. *Eye* 2010; **24**(1): 152–157.

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Eye (2010) **24**, 1528; doi:10.1038/eye.2010.87;
published online 11 June 2010

Sir,

Response to Pyott and Barras

We thank Pyott and Barras for their comments.

With a plethora of innovative devices flooding the market, one must remain vigilant and guarded when using new products. If there are deficiencies in a product, then many clinicians are uncertain how to proceed in order to constructively pursue their concerns. If one considers that there is a potential threat to patient safety, then one is duty bound to highlight this to the manufacturer and to expect a timely and proportionate response. However, if their response is delayed or not entirely satisfactory, then help is at hand in the form of the Medicines and Healthcare products Regulatory Agency (MHRA). They have an online adverse incident reporting scheme for clinicians (<http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/Devices/index.htm>). They will conduct an investigation and have the authority to issue alerts or ultimately to recall devices.

Conflict of interest

The authors declare no conflict of interest.

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Eye (2010) **24**, 1528; doi:10.1038/eye.2010.89;
published online 11 June 2010

Sir,

Treatment of a choroidal neovascular membrane in a patient with late-onset retinal degeneration (L-ORD) with intravitreal Ranibizumab

We report the first case of a choroidal neovascular membrane (CNV) in a patient with late-onset retinal degeneration (L-ORD) successfully treated with intravitreal Ranibizumab (Lucentis).

Case report

A 61-year-old man, heterozygous for the Ser163Arg mutation in C1QTNF5, presented with a 4-week history of distortion in his right eye. His visual acuity (VA) was 68 ETDRS letters OD and 82 letters OS. Fundus fluorescein angiography (FFA) showed a juxtafoveal classic CNV (Figure 1) and optical coherence tomography (OCT) confirmed intra-retinal oedema over the area of the CNV (Figure 1). Owing to the reported poor outcome from the use of focal argon laser photocoagulation in such cases,¹ the patient received an intravitreal injection of Ranibizumab (0.5 mg). This was followed by two further injections at 4-weekly intervals. Four weeks after receiving the