

It is worth noting that the overall success at the last follow-up for the patients was 79%. It is the probability of success that falls from 66% at 9 months to below 45% at 1 year and beyond. The finding of 63% of the blebs being functional at the last follow up is therefore consistent with the overall success rate. The definition of a well-functioning bleb used was one that is elevated (low to moderately) and diffuse, without any restricting scar, and relatively avascular. The postoperative assessment was done by the same ophthalmologist to ensure consistency.

The intraocular pressures of the infants were usually measured at the initial phase of halothane inhalation 1–1.5% when the patients were just sedated. The intraocular pressures of the two eyes determined during the deep phase of anaesthesia were all done preoperatively, and, therefore admittedly, contributed to a relatively lower mean (30.3 ± 8.8) than expected. However, all postoperative measurements were done at the initial phase of halothane inhalation 1–1.5% when the patients were just sedated except two eyes that had the measurements done using Pulsair non-contact tonometer without anaesthesia and in the office setting, but their results were normal.

We appreciate the suggestion to exclude intraocular pressures readings taken with Schiøtz tonometer in our analysis due to errors associated with its use. However, Schiøtz tonometer was the only tool available to us for a period when the Perkins tonometer was faulty. Presently, Schiøtz tonometer is no longer in use at our centre.

As regards the visual outcome using visual acuity, as indicated in our study, there was paucity of data on postoperative visual acuity and refraction at the last follow-up to make any meaningful statistical analysis. This we acknowledged as a limitation.

Conflict of interest

The authors declare no conflict of interest.

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VA Essuman¹, IZ Braimah², TA Ndanu³ and CT Ntim-Amponsah¹

¹Department of Surgery, University of Ghana Medical School, College of Health Sciences-University of Ghana, Accra, Ghana

²Eye Clinic, Korle-Bu Teaching Hospital, Accra, Ghana

³University of Ghana Dental School, College of Health Sciences-University of Ghana, Accra, Ghana

E-mail: vadessuman@yahoo.com

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Sir, Long-term survival in a case of bilateral diffuse uveal melanocytic proliferation

Bilateral diffuse uveal melanocytic proliferation (BDUMP) is a paraneoplastic syndrome described by Machemer¹ in 1966, in which an underlying tumor causes diffuse bilateral proliferation of melanocytes in the uvea. Gass *et al.*² later described five cardinal signs related to BDUMP: multiple red patches at the level of the RPE, corresponding early hyperfluorescence of these patches on fluorescein angiography, development of multiple pigmented and non-pigmented uveal melanocytic tumors with diffuse thickening of the uveal track, exudative retinal detachment, and rapidly progressive cataracts. Patients affected by BDUMP have a short life expectancy.² We, however, report a case of BDUMP, which illustrates that long-term survival can occur despite multiple metastases.

Case report

A 62-year-old man was referred for cataract surgery to both eyes. At presentation, his right visual acuity was 0.40 logMAR and left visual acuity was 0.80 logMAR. He had a past medical history of transitional cell carcinoma of the bladder, with multiple metastases treated with surgical excision and chemotherapy. At preoperative review, his vision decreased to hand movements OD and counting fingers OS due to rapid progression of the cataracts. Postoperative examination revealed BDUMP (Figure 1). Further investigation discovered new metastases. Four years later, his visual acuity is 0.12 logMAR OD and 0.0 logMAR OS and some of the choroidal lesions have reduced in size.

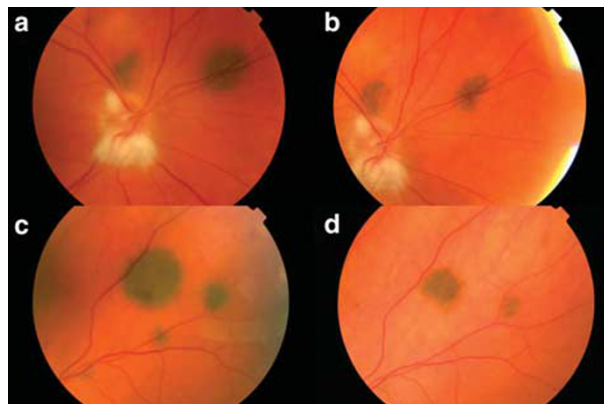


Figure 1 (a) Right fundus colour photograph at the time of the diagnosis showing myelinated fibers at the optic disc, two flat uveal pigmented lesions and one not pigmented in the superior nasal quadrant. (b) same quadrant, 4 years from the diagnosis with the same uveal lesions reduced in size. (c) left fundus colour photograph of the supero-temporal quadrant showing four flat pigmented uveal lesions, which decreased in size (d) 4 years after the diagnosis of bilateral diffuse uveal melanocytic proliferation.

Comments

In our case, with hindsight, it was clear that the rapidly progressing cataracts were part of this paraneoplastic syndrome. Though regression has been reported after removal of the underlying cause,³ in our case, only some of the lesions showed a decrease in size. Duong *et al.*⁴ reported the longest survivor of this disorder (> 102 months), but their patient underwent bilateral enucleation; our report shows a case of BDUMP with survival of over 4 years and a good visual acuity.

Ophthalmologists should be aware of the importance of the recognition of BDUMP ocular signs. Monitoring these patients with regular follow-ups will help to detect new lesions and the reduction in size of existing ones. BDUMP can therefore act as a biomarker in the management of cancer, especially when a primary tumor is not detected.

Conflict of interest

The authors declare no conflict of interest.

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G De Salvo¹, P Prakash¹, CA Rennie¹ and AJ Lotery^{1,2}

¹Eye Unit, Southampton General Hospital, Southampton, UK

²School of Medicine, Southampton University, Southampton, UK.

E-mail: A.J.Lotery@soton.ac.uk

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