siliconomas were observed in the residual breast cavity clinically and with breast MRI.

Vast improvement in the clinical asthenia symptoms and in the clinical and radiologic signs of pneumonia was observed after corticosteroid treatment and breast implant removal (Figure 1d). Moreover, the dry eye syndrome completely resolved with absence of symptoms, normal dry eye tests, and a normal lacrimal gland size on MRI (Figure 1b).

In the present study, the association of organized pneumonia, dry eye syndrome, and lacrimal gland hypertrophia suggested a connectivitis.[1] Although the correlation between a systemic disease and breast implant leakage continues to be debated,[1,2] the improvement of systemic and ocular signs after implants removal might confirm their responsibility in the present case. Steroids may have played a role in the improvement of patient symptoms. Nevertheless, this treatment was stop after implant removal and no recurrence of systemic or ocular manifestations was observed during the follow-up. Moreover, even if oral steroids improved organized pneumonia, they have never been able to treat any dry eye syndrome.[3,4] Indeed, breast implant removal was the probable cause of the radical improvement of ocular signs.

Comment

The pathophysiology of dry eye syndrome is complex and may require further explorations when atypical.[5] Considering this observation, the patient should be asked whether breast implant surgery has been performed in the assessment of dry eye diseases. In this particular case, implant rupture or leakage should be ruled out.

Conflict of interest

The authors declare no conflict of interest.

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Sir,

Photocoagulation guided by wide-field fundus autofluorescence in eyes with asteroid hyalosis

Asteroid hyalosis is a benign vitreous disease with a minimal impact on visual function. Its prevalence among normal individuals is ~1%[1] and may be higher among diabetic patients. Occasionally, clinicians feel stress while observing the eyes with severe asteroid hyalosis because asteroid bodies are brightly shining on the microscopic light. A previous report referred that asteroid hyalosis was the cause of 8.5% of ungradable colour photographs in the cohort.[2]

Case report

An 80-year-old man was followed up after the treatment of glaucoma at Kyoto University Hospital. He had type 2 diabetes and presented for yearly fundus examinations. On the basis of these findings, the patient was diagnosed with moderate non-proliferative diabetic retinopathy, although the presence of bilateral severe asteroid hyalosis prevented detailed observation (Figure 1a). In 2012, the right eye had exhibited signs of a small pre-retinal haemorrhage. Fluorescein angiography was performed, and it revealed bilateral neovascularisation (Figure 1b). The patient was treated with pan-retinal photocoagulation (PRP), however, the resulting laser scars could not be assessed effectively by slit-lamp biomicroscopy owing to the obstructing presence of the asteroid hyalosis. The laser scar did appear as an area of hyperfluorescence when imaged using wide-field fundus autofluorescence (FAF) (Figure 1c). The evidence provided by these FAF images allowed us to perform additional photocoagulation as necessary (Figure 1d).

Comment

The results of examinations at our institution have shown that fluorescein angiography (FA) and optical coherence tomography (OCT) images are better suited compared with colour photography or indirect microscopy for imaging eyes with asteroid hyalosis. FA and OCT imaging utilise specific wavelengths of light and are less affected by asteroid hyalosis than are conventional

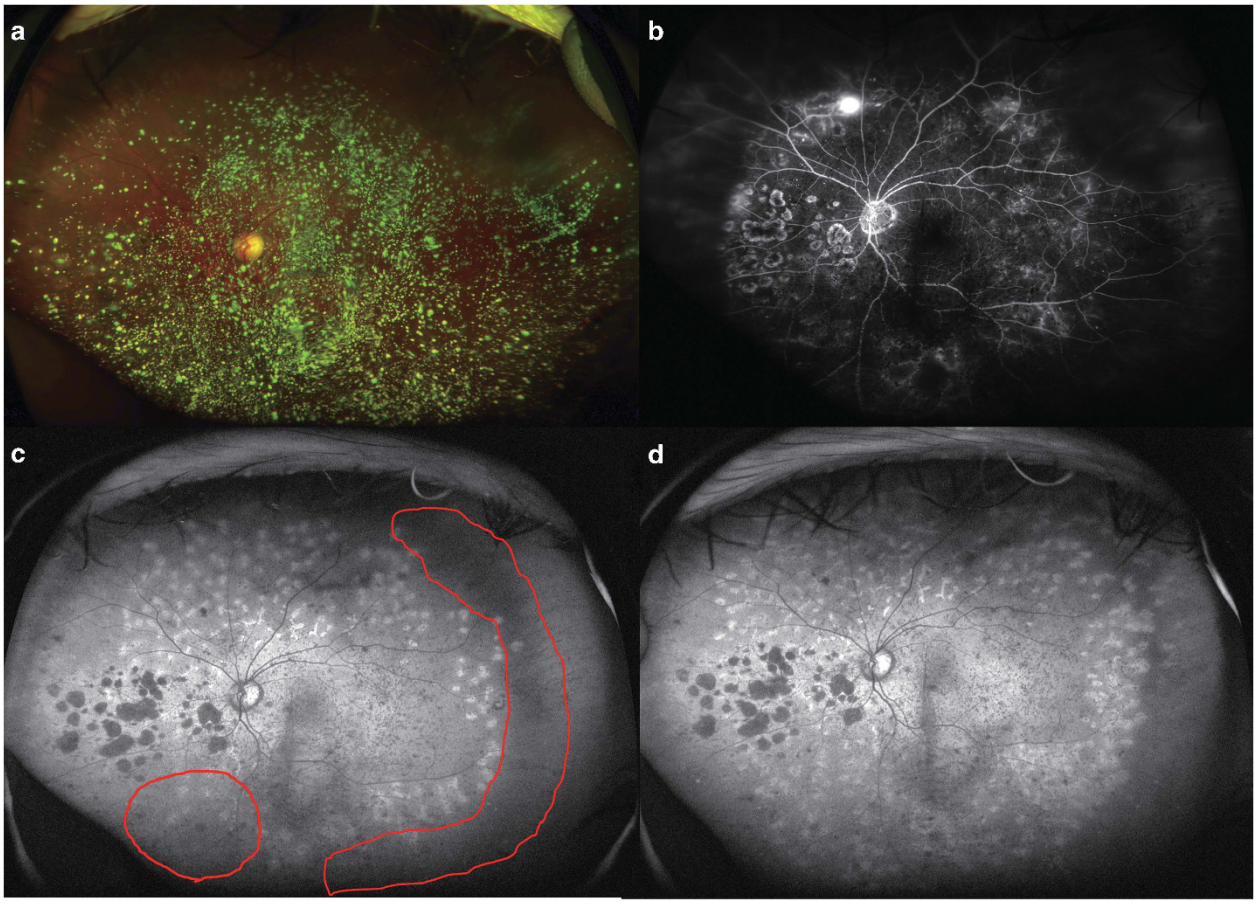

Figure 1 (a) Wide-field colour photographs and (b) fluorescein angiography obtained before treatment. (c) Wide-field autofluorescence during pan-retinal photocoagulation. The red circle denotes the absence of the laser scar. (d) Wide-field autofluorescence after additional laser treatment.

imaging approaches such as colour photography or indirect microscopy, both of which utilise white light.[3,4] The Optos 200TX (Optos PLC, Dunfermline, UK) used for autofluorescence imaging at our institution utilises green light with a wavelength of 532 nm and detects the emitted signal with a detector calibrated for detection at 570–780 nm. The use of a single wavelength may reduce reflection by asteroid bodies.

Wide-field FAF therefore represents a non-invasive tool with which to localise laser scars and thereby inform the practice of PRP. This tool will be extremely valuable in the treatment of individuals with proliferative diabetic retinopathy and severe asteroid hyalosis.

Conflict of interest

The authors declare no conflict of interest.

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Sir,
Fuchs fuchs Fuch's and Fuchs'!

I was illuminated to read the RCOphth eponymous lecture in the October issue of *Eye*.[1] However, I was disappointed that it compounds the confusion regarding the correct name of the condition. Although the disease is