

AMERICAN JOURNAL OF OPHTHALMOLOGY®

VOLUME 145

**HAVE YOU SEEN THE 10-YEAR LONG-TERM SAFETY DATA ON LASER
IN SITU KERATOMILEUSIS?**

Waring

GLAUCOMA SCREENING: THE VALUE IS IN THE DETAILS

Mills

ORIGINAL ARTICLES

**CHARACTERISTICS OF UNTREATED AIDS-RELATED CYTOMEGALOVIRUS RETINITIS. I. FINDINGS
BEFORE THE ERA OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (1988 TO 1994)**

Holland, Vaudaux, Jeng, and Co-Authors

**CHARACTERISTICS OF UNTREATED AIDS-RELATED CYTOMEGALOVIRUS RETINITIS. II.
FINDINGS IN THE ERA OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (1997 TO 2000)**

Holland, Vaudaux, Shiramizu, and Co-Authors

TEN-YEAR FOLLOW-UP OF LASER IN SITU KERATOMILEUSIS FOR HIGH MYOPIA

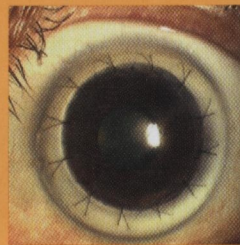
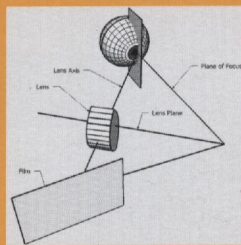
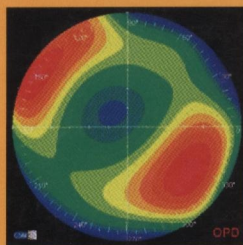
Alió, Muftuoglu, Ortiz, and Co-Authors

COST ANALYSIS OF GLAUCOMA MEDICATIONS

Rylander and Vold

**TOPICAL INTERFERON ALFA IN THE TREATMENT OF CONJUNCTIVAL MELANOMA AND
PRIMARY ACQUIRED MELANOSIS COMPLEX**

Finger, Sedek, and Chin



AJO®

MONTHLY SINCE 1884
Full-text online at AJO.com

ELSEVIER

ISSN 0002-9394

AMERICAN JOURNAL OF OPHTHALMOLOGY®

ISSN 0002-9394 • VOL. 145, NO. 3 MARCH 2008

CONTENTS

EDITORIALS

- 391 The use of microarray technology in deciphering the cause of genetic eye diseases: *LOXL1* and exfoliation syndrome. *Elias I. Traboulsi and Mansoor Sarfarazi*
- 394 Insulin resistance and autoregulatory dysfunction in glaucoma and retinal vein occlusion. *Rosalind M. K. Stewart and Louis G. Clearkin*

PERSPECTIVE

- 397 AIDS and ophthalmology: the first quarter century. *Gary N. Holland*
It has been 25 years since the ophthalmic manifestations of AIDS were first described. The AIDS epidemic has undergone substantial changes in demographics, incidence of secondary disorders, and treatment strategies; many are the result of highly active antiretroviral therapies (HAART). Nevertheless, human immunodeficiency virus-related eye disease remains an important problem. This Perspective provides an overview of issues relevant to ophthalmologists in the HAART era and identifies disorders that require additional study.

ORIGINAL ARTICLES

- 409 Does in vitro susceptibility predict clinical outcome in bacterial keratitis? *Aiyin Chen, Lalitha Prajna, Muthiah Srinivasan, Rajendran Mahalakshmi, John P. Whitcher, Stephen McLeod, Thomas M. Lietman, and Nisha R. Acharya*
This study assessed whether clinical outcomes in bacterial keratitis are associated with antibiotic susceptibility. Minimum inhibitory concentration to moxifloxacin, the antibiotic treatment administered to all of these patients, was

significantly associated with three-month infiltrate/scar size, but not with three-month best spectacle-corrected visual acuity or time to epithelialization.

- 413 Visual outcome and bacterial sensitivity after methicillin-resistant *Staphylococcus aureus*-associated acute endophthalmitis. *Vincent A. Deramo, James C. Lai, Jules Winokur, Jodi Luchs, and Ira J. Udell*
Six eyes with methicillin-resistant *Staphylococcus aureus* (MRSA) infection were identified in this retrospective review of 64 cases of acute endophthalmitis. All organisms were sensitive to vancomycin and gentamicin; but no organism was sensitive to any fluoroquinolone antibiotic tested. Final visual acuity was hand movements or worse in four of the six eyes. The incidence of MRSA endophthalmitis seems to be increasing.

- 418 Population-based incidence of conjunctival melanoma in various races and ethnic groups and comparison with other melanomas. *Dan-Ning Hu, Guopei Yu, Steven A. McCormick, and Paul T. Finger*
The annual age-adjusted incidence of conjunctival melanoma in various racial and ethnic groups in the United States based on the National Cancer Institute's Surveillance, Epidemiology, and End Results Program (1992 through 2003) was studied. The rates per million population were 0.18 (Blacks), 0.15 (Asians), 0.33 (Hispanics), and 0.49 (non-Hispanic Whites). The White-to-Black incidence ratio was 2.6:1, which is much less than that of uveal melanoma (18:1) and cutaneous melanoma (13:1 to 26:1), but similar to that of mucosal melanoma (2.25:1).

AJO®