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RISK FACTORS FOR COMPLICATIONS AFTER CONGENITAL CATARACT SURGERY WITHOUT INTRAOCULAR LENS IMPLANTATION IN THE FIRST 18 MONTHS OF LIFE

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THE EFFECT OF CATARACT EXTRACTION ON THE CONTRACTILITY OF CILIARY MUSCLE

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SNEEZING REFLEX ASSOCIATED WITH INTRAVENOUS SEDATION AND PERIOcular ANESTHETIC INJECTION

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SHORT-TERM RESULTS OF PENETRATING KERATOPLASTY PERFORMED WITH THE FEMTEC FEMTOSECOND LASER

Hoffart, Proust, Matonti, and Co-Authors

EVALUATION OF INTRASTROMAL INJECTION OF VORICONAZOLE AS A THERAPEUTIC



For elevated IOP

Trust earned over time™

- More than 11 years of clinical experience*
- The only PG with 5-year safety and efficacy data¹
- The PG more patients stayed on longer^{2†}

11+ YEARS

First-Line
Xalatan®
latanoprost ophthalmic solution

The PG with staying power.™

*In a retrospective analysis of prescription refill records for IOP-lowering agents spanning 6 years (1996-2002), more patients stayed on XALATAN (n=6772) longer than bimatoprost (n=404), travoprost (n=408), timolol (n=12,298), brimonidine (n=5057), betaxolol (n=2458), or dorzolamide (n=1344). Discontinuation/change rates were compared using Cox regression models.

Please see brief summary of prescribing information inside journal.

XALATAN is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OH).

Important Safety Information: XALATAN can cause changes to pigmented tissues. Most frequently reported are increased pigmentation of the iris, periorbital tissue (eyelid) and eyelashes, and growth of eyelashes. Pigmentation is expected to increase as long as XALATAN is administered. Iris pigmentation is likely to be permanent while eyelid skin darkening and eyelash changes may be reversible. The effects beyond 5 years are unknown. Most common ocular events/signs and symptoms (5% to 15%) reported with XALATAN in the three 6-month registration trials included blurred vision, burning and stinging, conjunctival hyperemia, foreign-body sensation, itching, increased iris pigmentation, and punctate epithelial keratopathy. XALATAN should be used with caution in patients with a history of intraocular inflammation (iritis/uveitis) and should generally not be used in patients with active intraocular inflammation. XALATAN should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema. The recommended dosage of XALATAN is one drop (1.5 µg) in the affected eye(s) once daily in the evening. If one dose is missed, treatment should continue with the next dose as normal. The dosage of XALATAN should not exceed once daily; the combined use of two or more prostaglandins, or prostaglandin analogs including XALATAN, is not recommended. It has been shown that administration of these prostaglandin drug products more than once daily may decrease the intraocular pressure-lowering effect or cause paradoxical elevations in IOP. There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products.

¹XALATAN was approved by the Food and Drug Administration in 1996.

PG = prostaglandin.

References: 1. Alm A, Schoenfelder J, McDermott J. A 5-year, multicenter, open-label, safety study of adjunctive latanoprost therapy for glaucoma. *Arch Ophthalmol.* 2004; 122:957-965. 2. Heardon G, Schwartz GF, Mozaffari E. Patient persistency with topical ocular hypotensive therapy in a managed care population. *Am J Ophthalmol.* 2004; 137(1):S3-S12.

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weeks postmenstrual age. The period between stage 1 and the first treatment was within 10 days in 60.9% of our cases. Six of 46 eyes with zone I ROP had unfavorable outcomes.

• **375 Longitudinal study of new eye lesions in children with toxoplasmosis who were not treated during the first year of life.** *Laura Phan, Kristen Kasza, Jessica Jalbrzikowski, A. Gwendolyn Noble, Paul Latkany, Annie Kuo, William Mieler, Sanford Meyers, Peter Rabiah, Kenneth Boyer, Charles Swisher, Marilyn Mets, Nancy Roizen, Simone Cezar, Mari Sautter, Jack Remington, Paul Meier, and Rima McLeod, on behalf of the Toxoplasmosis Study Group*

A cohort of 38 children with toxoplasmosis diagnosed after, and therefore not treated during, their first year of life were evaluated longitudinally for new eye lesions in a single center. More than 70% developed new chorioretinal lesions. New lesions were commonly diagnosed after the first decade of life.

• **385 Superior oblique palsy with class III tendon anomaly.** *Miho Sato, Emi Amano Iwata, Yoshiko Takai, Akiko Hikoya, and Yuka Maruyama Koide*

Five cases with congenital superior oblique palsy associated with class III tendon anomaly were reported. The superior oblique tendons in these cases did not attach to the sclera, but rather inserted into the Tenon capsule. Definitive diagnoses can be given only after careful surgical exploration of the superior aspect of the globe. Differences in the clinical findings among other tendon anomalies are discussed.

• **395 Opacification of hydrophilic acrylic intraocular lens attributable to calcification: investigation on mechanism.** *Sotirios P. Gartaganis, Dimitra G. Kanellopoulou, Ephigenia K. Mela, Vassiliki S. Panteli, and Petros G. Koutsoukos*

A laboratory study of 30 explanted attributable to late opacification intraocular lenses (IOLs), using scanning

electron microscopy, x-ray diffraction, and Fourier transform infrared analysis revealed the deposition of calcium phosphate salts both on the surface and in the interior of IOLs. In vitro experiments using polyacrylic materials confirmed the clinical findings. The aqueous humor analysis of patients with both opacified and normal IOLs indicated a possible mechanism for the late IOLs' opacification.

• **404 The impact of cataract surgery on cognitive impairment and depressive mental status in elderly patients.** *Kotaro Ishii, Takamichi Kabata, and Tetsuro Oshika*

The purpose of this study was to evaluate the influence of cataract surgery on the mental status and cognitive function of elderly patients. Before and after bilateral cataract surgery, vision-related quality of life (QOL), cognitive impairment, and depression were measured using the 25-Item Visual Functioning Questionnaire, Mini-Mental State Examination, and Beck Depression Inventory, respectively. It was found that cataract surgery significantly improves vision-related QOL, and cognitive impairment and depressive mental status also improve in parallel with improvement in vision-related QOL.

• **410 Intravitreal bevacizumab in inflammatory ocular neovascularization.** *Ahmad M. Mansour, Friederike Mackensen, J. Fernando Arevalo, Focke Ziemssen, Padmamalini Mahendradas, Abha Mehio-Sibai, Nicholas Hrisomalos, Timothy Y. Y. Lai, David Dodwell, Wai-Man Chan, Thomas Ness, Alay S. Banker, Sivakami A. Pai, Maria H. Berrocal, Rania Tohme, Arnd Heiligenhaus, Ziad F. Bashshur, Moncef Khairallah, Khalil M. Salem, Frank N. Hrisomalos, Matthew H. Wood, Wilson Heriot, Alfredo Adan, Atul Kumar, Lyndell Lim, Anthony Hall, and Matthias Becker*

Eighty-four eyes of 79 consecutive patients with inflammatory ocular neovascularization were treated with intravitreal bevacizumab. At the three-month follow-up, visual acuity improved significantly by 2.4 lines and central

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foveal thickness decreased significantly from 346 μm to 252 μm . Angiographic regression was documented in most eyes. Intravitreal bevacizumab led to short-term visual improvement in patients with a wide variety of inflammatory ocular diseases.

- **417 A pilot study of Fourier-domain optical coherence tomography of retinal dystrophy patients.** Jennifer I. Lim, Ou Tan, Amani A. Fawzi, J. Jill Hopkins, John H. Gil-Flamer, and David Huang

Retinal dystrophy and normal eye thicknesses were compared using Fourier-domain ocular coherence tomography. Total retinal thickness (RT) (measured from the internal limiting membrane (ILM) to the inner retinal pigment epithelial) was thinner in dystrophy than control eyes. Total RT minus inner retinal layer thickness (measured from ILM to outer boundary of the inner plexiform layer) yielded outer retinal layer thickness, which was 45% thinner in dystrophy eyes.

- **427 Metallic intraocular foreign bodies: characteristics, interventions, and prognostic factors for visual outcome and globe survival.** Justis P. Ehlers, Derek Y. Kunitomo, Sabita Ittoop, Joseph I. Maguire, Allen C. Ho, and Carl D. Regillo

This large study provides an in-depth review of the clinical characteristics, management, and outcome of metallic intraocular foreign body-related injuries. Additionally, a unique prognostic analysis provides insight not only to those factors not only implicated in final visual acuity (VA), but also to those factors that may predict globe survival, including younger age and BB/pellet injury. Approximately one-third of patients maintained a final VA of 20/50 or better and about 8% ultimately lost their eye.

- **434 Risk factors for scleral buckle removal: a matched, case-control study.** Douglas J. Covert, William J. Wirosko, Dennis P. Han, Kevin E. Lindgren, Jill A. Hammersley, Thomas B. Connor, and Judy E. Kim

This is a retrospective study with a 4:1 control-to-case ratio spanning the years 1988 to 2007; several preoperative, perioperative, and postoperative factors that increase a patient's likelihood of undergoing scleral buckle (SB) removal are reported. Awareness of these factors may aid ophthalmologists in surgical planning of retinal detachment repair and may help risk-stratify patients toward more frequent follow-up visits and more aggressive education on symptoms and signs of SB exposure or infection.

- **440 Effect of oral 13-cis-retinoic acid treatment on postoperative clinical outcome of eyes with proliferative vitreoretinopathy.** Yo-Chen Chang, Dan-Ning Hu, and Wen-Chuan Wu

This prospective controlled randomized interventional case series shows that postoperative administration with oral moderate dosage of cis-retinoic acid (Roaccutane) for eight weeks can help to maintain retinal attachment, decrease macular pucker, and improve vision after surgical repair for eyes having primary rhegmatogenous retinal detachment with proliferative vitreoretinopathy.

- **447 The MacDQoL individualized measure of the impact of macular degeneration on quality of life: reliability and responsiveness.** Jan Mitchell, James Wolffsohn, Alison Woodcock, Stephen J. Anderson, Timothy Ffytche, Martin Rubinstein, Winfried Amoaku, and Clare Bradley
- An observational, longitudinal study to investigate the test-retest reliability of the MacDQoL measure of the impact of age-related macular degeneration on quality of life and its sensitivity to changes in vision over one year in 135 patients who provided MacDQoL and vision data at baseline and at follow-up. The MacDQoL showed excel-