

AMERICAN JOURNAL OF OPHTHALMOLOGY®

VOLUME 150

CLASSIFICATION AND MISCLASSIFICATION OF SENSORY MONOFIXATION IN INTERMITTENT EXOTROPIA

Hatt, Leske, Mohnney, and Co-Authors

RNAi-BASED TREATMENT FOR NEOVASCULAR AGE-RELATED MACULAR DEGENERATION BY SIRNA-027

Kaiser, Symons, Shah, and Co-Authors

ASSOCIATION OF RISK FACTORS FOR CHOROIDAL NEOVASCULARIZATION IN AGE-RELATED MACULAR DEGENERATION WITH DECREASED FOVEOLAR CHOROIDAL CIRCULATION

Xu, Grunwald, Metelitsina, and Co-Authors

THE PREVALENCE OF MACULAR TELANGIECTASIA TYPE 2 IN THE BEAVER DAM EYE STUDY

Klein, Blodi, Meuer, and Co-Authors

LASER PERIPHERAL IRIDOTOMY WITH AND WITHOUT IRIDOPLASTY FOR PRIMARY ANGLE-CLOSURE GLAUCOMA: 1-YEAR RESULTS OF A RANDOMIZED PILOT STUDY

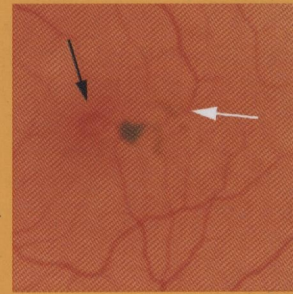
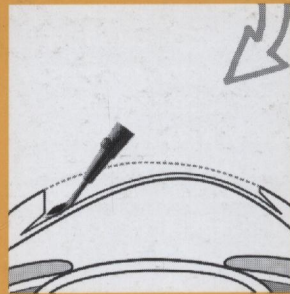
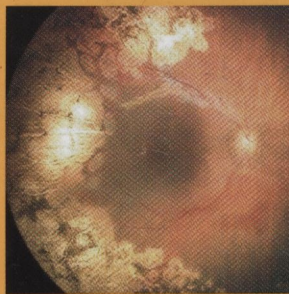
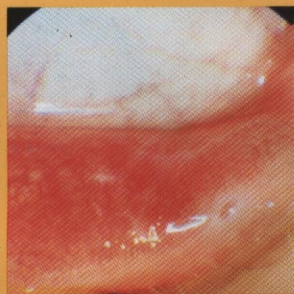
Sun, Liang, Wang, and Co-Authors

THE INCREASED COST OF MEDICAL SERVICES FOR PEOPLE DIAGNOSED WITH PRIMARY OPEN-ANGLE GLAUCOMA: A DECISION ANALYTIC APPROACH

Kymes, Plotzke, Li, and Co-Authors

EXCIMER LASER-ASSISTED LAMELLAR KERATOPLASTY AND THE CORNEAL ENDOTHELIUM

Alessio, L'Abbate, Boscia, and Co-Authors



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ISSN 0002-9394

AMERICAN JOURNAL OF OPHTHALMOLOGY

ISSN 0002-9394 • VOL. 150, NO. 2 AUGUST 2010

CONTENTS

EDITORIALS

• 135 Defining authorship for group studies. *Thomas J. Liesegang, Andrew P. Schachat, and Daniel M. Albert*

• 138 Variety, variability and veracity: macular thickness and reproducibility among optical coherence tomography systems. *Daniel F. Kiernan, William F. Mieler, and Seenu M. Hariprasad*

SERIES ON EPIDEMIOLOGY

• 141 Screening and managing eye disease in 2010: an Asian perspective. *Nathan G. Congdon and Mingguang He*

PERSPECTIVE

• 144 Nanomedicine in ophthalmology: the new frontier. *Marco A. Zarbin, Carlo Montemagno, James F. Leary, and Robert Ritch*

Nanotechnology involves the creation and use of materials and devices at the size scale of intracellular structures and molecules, and involves systems and constructs on the order of <100 nm. The earliest impact of nanomedicine in ophthalmology is likely to involve the areas of biopharmaceuticals (eg, drug delivery, drug discovery), implantable materials (eg, tissue regeneration scaffolds, bioresorbable materials), implantable devices (eg, intraocular pressure monitors, glaucoma drainage valves), and diagnostic tools (eg, genetic testing, imaging, intraocular pressure monitoring).

ORIGINAL ARTICLES

• 163 Comparison of corneal biomechanical properties between healthy blacks and whites using the ocular response analyzer. *Mauro T. Leite, Luciana M. Alencar, Charlotte Gore, Robert N. Weinreb, Pamela A. Sample, Linda M. Zangwill, and Felipe A. Medeiros*

The present study evaluated the difference in corneal hysteresis between healthy black and white participants. Although black participants tended to have lower measurements of corneal hysteresis compared to white participants, this was largely explained by differences in corneal thickness and, therefore, it is unlikely that corneal hysteresis would have an independent effect in explaining differences in susceptibility of disease between these two racial groups.

• 169 Graft failure after penetrating keratoplasty in eyes with Ahmed valves. *David A. Hollander, JoAnn A. Giacomi, Gary N. Holland, Fei Yu, Joseph Caprioli, Anthony J. Aldave, Anne L. Coleman, Richard Casey, Simon K. Law, and Bartly J. Mondino*

In a study of 77 eyes with Ahmed valves (77 patients) that underwent subsequent penetrating keratoplasty (1993-2004), graft failure was present in 59.1% (95% confidence interval 47.5%-71.2%) at 3 years; the majority was associated with progressive loss of corneal endothelial cell function, without evidence of immunological rejection. Despite the presence of an Ahmed valve, escalation of medical glaucoma therapy was often required after penetrating keratoplasty; graft failure may be related to poor intraocular pressure control.

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