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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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EVALUATION OF INTRASTROMAL INJECTION OF VORICONAZOLE AS A THERAPEUTIC



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*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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ORIGINAL ARTICLES

- **1 Risk factors for complications after congenital cataract surgery without intraocular lens implantation in the first 18 months of life.** *Claudia Kuhli-Hattenbach, Marc Lüchtenberg, Thomas Kohnen, and Lars-Olof Hattenbach*

Individual risk factors for the development of postoperative complications after pediatric cataract surgery in the first 18 months of life were determined. The most frequent postoperative complications were late-onset open-angle glaucoma, vitreous hemorrhage, and secondary cataract. Predictors of postoperative complications included young age by the time of surgery, family history of aphakic glaucoma, nuclear cataract, and persistent fetal vasculature syndrome.

- **8 The effect of cataract extraction on the contractility of ciliary muscle.** *Kyung-Ah Park, Jae-Ha Yun, and Chang-won Kee*

This prospective study of 23 eyes with presbyopia evaluated the changes in the pilocarpine-induced contractility of the ciliary muscle before and after cataract extraction using ultrasound biomicroscopy. Pilocarpine induced only subtle movement of the ciliary body before cataract surgery but induced significant centripetal movement after. This shows that a lenticular sclerotic component can influence both lens movement and the contractility of the ciliary muscle.

- **15 Macular morphology after cataract surgery with primary posterior capsulorhexis and posterior optic buttonholing.** *Eva Stifter, Rupert Menapace, Thomas Neumayer, and Alexandra Luksch*

In 50 bilateral cataract patients, cataract surgery with combined primary posterior capsulorhexis and posterior optic buttonholing was performed in one eye. This surgical

procedure can effectively prevent after-cataract formation and may increase intraocular lens (IOL) stability. In comparison to conventional cataract surgery with in-the-bag IOL implantation performed in the fellow eye, optical coherence tomography measurements indicated that this surgical technique did not increase the risk for postoperative macular edema in patients with a normal macula.

- **23 Prevention of anterior capsule contraction by anterior capsule relaxing incisions with neodymium:yttrium-aluminum-garnet laser.** *Ken Hayashi, Motoaki Yoshida, Fuminori Nakao, and Hideyuki Hayashi*
- Three neodymium:yttrium-aluminum-garnet laser relaxing incisions made in the anterior capsular rim several days after cataract surgery had a clinically significant preventive effect on anterior capsule contraction with no serious complications, whereas two incisions did not.

- **31 Sneezing reflex associated with intravenous sedation and periocular anesthetic injection.** *Eric S. Ahn, David M. Mills, Dale R. Meyer, and George O. Stasior*
- Reflex sneezing may occur during oculoplastic surgical procedures when periocular anesthetic injections are administered under intravenous sedation. Physicians and other operating room personnel should be aware of this phenomenon to minimize morbidity.

- **36 Randomized, prospective comparison of precut vs surgeon-dissected grafts for Descemet stripping automated endothelial keratoplasty.** *Marianne O. Price, Katharine M. Baig, Jacob W. Brubaker, and Francis W. Price, Jr*
- Forty patients undergoing Descemet stripping automated endothelial keratoplasty were randomized to receive eye bank precut or surgeon-dissected donor tissue. To minimize confounding from varying donor characteristics, the study used pairs of donor corneas, with one cornea from

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