

# AMERICAN JOURNAL OF OPHTHALMOLOGY®

VOLUME 146

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

Kuhli-Hattenbach, Lüchtenberg, Kohnen, and Hattenbach

## THE EFFECT OF CATARACT EXTRACTION ON THE CONTRACTILITY OF CILIARY MUSCLE

Park, Yun, and Kee

## SNEEZING REFLEX ASSOCIATED WITH INTRAVENOUS SEDATION AND PERIOcular ANESTHETIC INJECTION

Ahn, Mills, Meyer, and Stasior

## 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*

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- The only PG with 5-year safety and efficacy data<sup>1</sup>
- The PG more patients stayed on longer<sup>2†</sup>

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latanoprost ophthalmic solution

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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.

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Pfizer Ophthalmics

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.

\*XALATAN 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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This article presents the results of a phase II clinical trial of implantation of neural retinal progenitor cell layers (sheets) with its retinal pigment epithelium in retinitis pigmentosa and dry age-related macular degeneration pa-

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- 183 Evaluation of autofluorescence imaging with the scanning laser ophthalmoscope and the fundus camera in age-related geographic atrophy. *Steffen Schmitz-Valckenberg, Monika Fleckenstein, Arno P. Göbel, Kulwant Sehmi, Frederick W. Fitzke, Frank G. Holz, and Adnan Tufail*  
Both the modified fundus camera and confocal scanning laser ophthalmoscope (cSLO) allow for clinical useful fundus autofluorescence imaging in geographic atrophy resulting from age-related macular degeneration. The systematic comparison reveals a better visualization of details and a higher number of entirely gradable images with the cSLO.

- 193 Short-term outcomes of 23-gauge pars plana vitrectomy. *Omesh P. Gupta, Allen C. Ho, Peter K. Kaiser, Carl D. Regillo, Sanford Chen, David S. Dyer, Pravin U. Dugel, Sunil Gupta, and John S. Pollack*  
This retrospective, multicenter, interventional case series evaluated the initial experience and short-term results of 23-gauge pars plana vitrectomy. All of the 92 eyes studied experienced a statistically significant visual improvement. Intraoperative retinal tears and sclerotomy suture placement was observed in two eyes (2.2%). Postoperative complications included hypotony in six eyes (6.5%), a retinal tear in one eye (1.1%), and a recurrent retinal detachment in one eye (1.1%). No cases of endophthalmitis were observed.

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This retrospective, multicenter, interventional study indicated that initial reattachment after primary pars plana vitrectomy (PPV) with gas tamponade was important for visual prognosis in the treatment of retinal detachment attributable to macular hole (MHRD) in highly myopic eyes. Univariate and multivariate analyses in this study confirmed that axial length was a very important prognostic factor for initial reattachment after primary PPV with gas tamponade for MHRD.

- **205 Subretinal fluid bleb after successful scleral buckling and cryotherapy for retinal detachment.** *Se Woong Kang, Jae Hui Kim, Woo Jae Shin, and Jong In Kim*

In this retrospective study of 118 eyes with histories of successful scleral buckling and cryotherapy, subretinal fluid (SRF) bleb was observed in 11 (9.3%) eyes. SRF blebs spontaneously disappeared within one year. Indocyanine green angiography revealed choroidal vascular congestion and hyperpermeability posterior to the scleral buckle site in three of four cases. The origin of the lesion may be associated with choroidal vascular changes resulting from cryotherapy.

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Sixteen cases with active diabetic fibrovascular proliferation were prospectively enrolled and received an intravitreal injection of 1.25 mg bevacizumab one week before vitrectomy and intravitreal octafluoropropane (C<sub>3</sub>F<sub>8</sub>) 10% infusion during surgery. Control group received gas infu-

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- **218 The role of abnormal vitreomacular adhesion in age-related macular degeneration: spectral optical coherence tomography and surgical results.** *Francesca Mojana, Lingyun Cheng, Dirk-Uwe G. Bartsch, Gabriel A. Silva, Igor Kozak, Nitin Nigam, and William R. Freeman*

Ultra-high resolution spectral optical coherence tomography combined with simultaneous scanning laser ophthalmoscopy allows high-quality imaging of the retina in eyes with age-related macular degeneration and reveals that vitreomacular attachment and in some cases traction are more prevalent than in age-matched controls, with important diagnostic and treatment implications.

- **228 Clinical course and treatment outcomes of Sorsby fundus dystrophy.** *Sobha Sivaprasad, Andrew R. Webster, Catherine A. Egan, Alan C. Bird, and Adnan Tufail*

This study provides prognostic information for patients with Sorsby fundus dystrophy with the Ser181Cys TIMP3 mutation. A better understanding of the natural history of the disease helps ophthalmologists counsel these patients. The treatment outcomes of this cohort indicate that antiangiogenic agents may be useful for choroidal neovascularization secondary to this dystrophy. Because this condition is relatively rare, randomized controlled trials are unlikely to be performed and these data can act as a comparison for emerging treatments.

- **235 Expression of vasohibin, an antiangiogenic factor, in human choroidal neovascular membranes.** *Ryosuke Wakusawa, Toshiaki Abe, Hajime Sato, Madoka Yoshida, Hiroshi Kunikata, Yasufumi Sato, and Kohji Nishida*
- Vasohibin is an antiangiogenic factor produced by vascular endothelial cells and a negative feedback regulator of