

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

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.

AMERICAN JOURNAL OF OPHTHALMOLOGY®

ISSN 0002-9394 • VOL. 146, NO. 6 DECEMBER 2008

CONTENTS

EDITORIALS

• 795 Uveitis in 2008: a festschrift for G. Richard O'Connor, MD. Gary N. Holland, Rubens Belfort, Jr, Jean-Paul Dernouchamps, Rudolph Franklin, Anne-Catherine Martenet, Robert A. Nozik, Robert B. Nussenblatt, Shigeaka Ohno, Gerassimos Palimeris, K. Matti Saari, Ivan R. Schwab, Antonio G. Secchi, Ronald E. Smith, Khalid F. Tabbara, and Howard H. Tessler

• 799 Education in the ophthalmic discipline of uveitis. Justine R. Smith, Douglas A. Jabs, Daniel J. Briceland, and Gary N. Holland

PERSPECTIVE

• 802 Long-term risk of malignancy among patients treated with immunosuppressive agents for ocular inflammation: a critical assessment of the evidence. John H. Kempen, Sapna Gangaputra, Ebenezer Daniel, Grace A. Levy-Clarke, Robert B. Nussenblatt, James T. Rosenbaum, Eric B. Suhler, Jennifer E. Thorne, C. Stephen Foster, Douglas A. Jabs, and Kathy J. Helzlsouer
Available evidence suggests that alkylating agents possibly increase the risk of specific cancers to a degree that might limit their use to the most vision-threatening cases of ocular inflammation. Antimetabolites, daclizumab, tumor necrosis factor inhibitors, and calcineurin inhibitors probably do not increase the absolute risk of cancer substantially, if at all. Existing evidence regarding potential cancer risk is not sufficiently compelling to contraindicate use of any of these agents in appropriate clinical settings.

ORIGINAL ARTICLES

• 813 Interobserver agreement in grading activity and site of inflammation in eyes of patients with uveitis. John H. Kempen, Sudha K. Ganesh, Virender S. Sangwan, and Sivakumar R. Rathinam

Exact agreement between uveitis specialists using proposed methods for grading inflammatory activity was moderate or low. However, agreement within 1 grade for anterior chamber (AC) cells and vitreous haze was almost perfect, suggesting that a two-grade change in these parameters should be a highly reproducible outcome suitable for use in clinical trials. Improved, more reproducible methods for grading AC flare and vitreous cells are needed.

• 819 Uveitis associated with pediatric Behçet disease in the American Midwest. Muge R. Kesen, Debra A. Goldstein, and Howard H. Tessler

In this retrospective case series, the demographics, clinical course, treatment, complications, and visual prognosis of uveitis among children and adults with Behçet disease are compared. Although the clinical picture of Behçet uveitis was similar among both groups, the visual prognosis appeared worse in adults. Behçet disease is an uncommon cause of uveitis in the United States and awareness of this disease should be increased to prevent blindness resulting from delays in diagnosis and management.

• 828 Ocular inflammation in Behçet disease: incidence of ocular complications and of loss of visual acuity. R. Oktay Kaçmaz, John H. Kempen, Craig Newcomb, Sapna Gangaputra, Ebenezer Daniel, Grace A. Levy-Clarke, Robert B. Nussenblatt, James T. Rosenbaum, Eric B. Suhler, Jennifer E. Thorne, Douglas A. Jabs, and C. Stephen Foster, on behalf

AJO®

AMERICAN JOURNAL OF OPHTHALMOLOGY®

ISSN 0002-9394 • VOL. 146, NO. 6 DECEMBER 2008

CONTENTS

Continued from page A4

of the Systemic Immunosuppressive Therapy for Eye Diseases Cohort Study Group

Loss of visual acuity (VA) and occurrence of ocular complications were common in patients with Behçet disease despite typically aggressive treatment. Active inflammation during follow-up, presence of posterior synechiae, and retinal vasculitis were associated with increased loss of VA in this cohort of 168 patients from the Systemic Immunosuppressive Therapy for Eye Diseases Study.

• **837 Long-term efficacy and safety of low-dose interferon alpha2a therapy in severe uveitis associated with Behçet disease.** Julie Gueudry, Bertrand Wechsler, Céline Terrada, Gaël Gendron, Nathalie Cassoux, Christine Fardeau, Phuc Lehoang, Jean-Charles Piette, and Bahram Bodaghi

The management of Behçet disease remains challenging. Both suppression of inflammation and prevention of recurrences of ocular attacks should be obtained. Interferon-alpha, in combination with corticosteroids, appears to be an effective and rapidly acting strategy. The majority of patients with severe forms of uveitis responded to relatively low-dose interferon therapy without critical side effects. Importantly, long-term remission was obtained in 62.5% (10/16) of the patients, even though low-dose corticosteroids were still required.

• **845 Infliximab effects compared to conventional therapy in the management of retinal vasculitis in Behçet disease.** Khalid F. Tabbara and Amal I. Al-Hemidan

The outcome of retinal vasculitis in 43 patients with Behçet disease was evaluated. Thirty-three patients received conventional therapy and 10 patients who were resistant to conventional therapy received infliximab. Patients were given the same treatment during each subsequent relapse. Patients treated with infliximab had significantly better visual acuity, decreased inflammation, reduced ocular complications, fewer relapses, and longer remission period when compared to patients treated with conventional therapy.

• **851 Respective roles of acquired and congenital infections in presumed ocular toxoplasmosis.** Emmanuelle Delair, Dominique Monnet, Sophie Grabar, Jean Dupouy-Camet, Hélène Yera, and Antoine P. Brézin

The origin of infection was sought in 425 cases of ocular toxoplasmosis, using patients' serologic status prior to their ocular manifestations and patients' mothers' serologic status before, during, and/or after pregnancy. Most cases remained of unknown origin, but when the origin of the infection could be determined, acquired infection was a more frequent cause of ocular toxoplasmosis than congenital infection. Cases of congenital ocular toxoplasmosis were more severe than acquired cases.

• **856 Intraocular inflammation associated with ocular toxoplasmosis: relationships at initial examination.** Emilio M. Dodds, Gary N. Holland, Miles R. Stanford, Fei Yu, Willie O. Siu, Kayur H. Shah, Ninette ten Dam-van Loon, Cristina Muccioli, Anna Hovakimyan, and Talin Barisani-Asenbauer, on behalf of the International Ocular Toxoplasmosis Research Group

Intraocular inflammation is a prominent feature of ocular toxoplasmosis. Among 210 patients with active toxoplasmic retinochoroiditis at seven international sites, signs of inflammation (anterior chamber cells and flare, vitreous humor cells and haze) varied substantially. More severe inflammation was associated with older patient age, larger lesions, and extramacular lesion location. Elevated intraocular pressure at initial examination reflected the severity of inflammation. Inflammation associated with ocular toxoplasmosis may be more severe in some areas of the world.

• **866 Photoreceptor oxidative damage in sympathetic ophthalmia.** Jignesh G. Parikh, Sindhu Saraswathy, and Narsing A. Rao

In sympathetic ophthalmia, photoreceptor mitochondrial oxidative stress occurs in the absence of leukocytic