AMERICAN JOURNAL OF OPHTHALMOLOGY®

VOLUME 149

ARE YOU COMPLIANT WITH ADDRESSING GLAUCOMA ADHERENCE?

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WHEN SHOULD ANTI-VASCULAR ENDOTHELIAL GROWTH FACTOR TREATMENT BE STOPPED IN AGE-RELATED MACULAR DEGENERATION?

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FROM THE LABORATORY TO THE CLINIC: MOLECULAR GENETIC TESTING IN PEDIATRIC OPHTHALMOLOGY

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SPECTRAL-DOMAIN OPTICAL COHERENCE TOMOGRAPHY: A COMPARISON OF MODERN HIGH-RESOLUTION RETINAL IMAGING SYSTEMS

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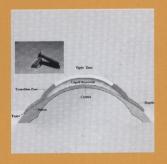
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AIRSOFT GUN-RELATED OCULAR INJURIES: NOVEL FINDINGS, BALLISTICS INVESTIGATION, AND HISTOPATHOLOGIC STUDY

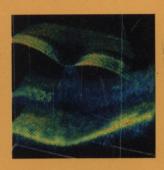
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MANAGEMENT OF IRIS MELANOMAS WITH 125 IODINE PLAQUE RADIOTHERAPY
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• 189 HLA typing in uveitis: use and misuse. Katherine J. Zamecki and Douglas A. Jabs

An analysis of the positive predictive value of HLA typing for patients with uveitis reveals that, in general, the positive predictive value is low, and that HLA typing has limited usefulness as a diagnostic tool. HLA-B27 testing may have value in identifying patients with a previously undiagnosed or misdiagnosed spondyloarthropathy.

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Fuchs endothelial corneal dystrophy corneas show evidence of unfolded protein response activation. This finding

suggests that unfolded protein response-induced apoptosis may play a central role in the pathogenesis of Fuchs endothelial corneal dystrophy.

• 203 Management of acute Stevens-Johnson syndrome and toxic epidermal necrolysis utilizing amniotic membrane and topical corticosteroids. Maya C. Shammas, Edward C. Lai, Jayati S. Sarkar, Jennifer Yang, Christopher E. Starr, and Kimberly C. Sippel

A consecutive case series of 16 eyes of 8 patients with acute, biopsy-proven Stevens-Johnson syndrome or toxic epidermal necrolysis is presented. Treatment during the acute phase included application of amniotic membrane for complete or partial coverage of the ocular surface in addition to short-term use of intensive topical corticosteroid medication. Complete, rather than partial, amniotic membrane coverage of the ocular surface was associated with the preservation of good visual acuity and an intact ocular surface.

• 214 Late varicella-zoster virus dendriform keratitis in patients with histories of herpes zoster ophthalmicus. Allen Y. H. Hu, Erich C. Strauss, Gary N. Holland, Matilda F. Chan, Fei Yu, and Todd P. Margolis

The authors describe a series of 20 patients with varicellazoster virus (VZV) dendriform keratitis, a late complication of herpes zoster ophthalmicus that should not be mistaken for "mucous plaque keratopathy." Lesions are pleomorphic and often associated with pain. VZV DNA can be identified in epithelial specimens taken from these dendriform lesions, and they appear to respond to systemic or topical antiviral drug therapy. Dendriform keratitis can recur multiple times, despite treatment.



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• 221 Cost-effectiveness of the Boston keratoprosthesis. Jared D. Ament, Tomasz P. Stryjewski, Joseph B. Ciolino, Amit Todani, James Chodosh, and Claes H. Dohlman

This study indicates that the Boston keratoprosthesis, including all preoperative, perioperative, and postoperative care, is a highly cost-effective modality for treating corneal blindness in the United States, at \$16 140 per quality-adjusted life year. This compares favorably to penetrating keratoplasty at \$12 000 to \$16 000 per quality-adjusted life year. The implication for insurance reimbursement is substantial, possibly enabling increased patient access to this life-altering technology.

• 229 Predictive factor analysis for successful performance of iris recognition-assisted dynamic rotational eye tracking during laser in situ keratomileusis. Gaurav Prakash, Dhivya Ashok Kumar, Amar Agarwal, Soosan Jacob, Yoga Sarvanan, and Athiya Agarwal

The amount of intraoperative cyclotorsional movement during laser in situ keratomileusis (LASIK) depends on the age, gender, eye, and the duration of ablation (pulses delivered). Tracking difficulty (higher incidence of new image linkage) is seen with femtosecond flaps and a higher amount of intraoperative cyclotorsional movement. However, the femtosecond platform does not seem to have a disadvantage over microkeratome flaps or epi-LASIK as far as initial iris recognition and successful completion of intraoperative dynamic rotational tracking is concerned.

• 238 Ten-year longitudinal visual function and Nd: YAG laser capsulotomy rates in patients less than 65 years at cataract surgery. Britta Lundqvist and Eva Mönestam In this longitudinal prospective cohort-study, 116 patients under the age of 65 years were followed 10 years after phacoemulsification. At surgery, most patients (94%) were implanted with an Alcon MA60BM Acrysof intraocular lens. Subjective and objective visual function as well as

low-contrast visual acuity were evaluated. Ten years after surgery almost 40% had received treatment with Nd:YAG laser capsulotomy.

• 245 Ultrasound biomicroscopic analysis of iris-sutured foldable posterior chamber intraocular lenses. Juan J. Mura, Charles J. Pavlin, Garry P. Condon, Graham W. Belovay, Christoph F. Kranemann, Hiroshi Ishikawa, and Iqbal Ike K. Ahmed

Ultrasound biomicroscopic analysis of 15 iris-sutured foldable intraocular lenses (IOLs) found the anterior chamber depth to be similar to that of IOLs implanted using an in-the-bag technique, with haptics in the ciliary sulcus or over the ciliary body and no significant tilt or decentration.

- 253 Rotational stability of a single-piece hydrophobic acrylic intraocular lens during removal of ophthalmic viscosurgical devices. Joon Young Hyon and Hwan Eok Yeo Intraoperative rotational stability of a single-piece hydrophobic acrylic intraocular lens (IOL) during irrigation and aspiration of ophthalmic viscosurgical devices was compared between cohesive Healon GV and dispersive Viscoat. A significant amount of rotation may occur during irrigation and aspiration, and intraoperative rotational stability was more marked with Viscoat than with Healon GV. This study suggests that a surgeon should always be careful to verify the axis of the IOLs in cataract surgery with a toric IOLs.
- 258 Glaucoma surgery decreases the rates of localized and global visual field progression. Francisco A. Folgar, Carlos Gustavo V. De Moraes, Tiago S. Prata, Christopher C. Teng, Celso Tello, Robert Ritch, and Jeffrey M. Liebmann Successful intraocular pressure reduction after glaucoma surgery results in slower global and localized rates of visual progression. The speed of progression measured by point-