Abstracts

Edited By Dr. Qasim Lateef Chaudhry

Recurrence and complications after 1000 surgeries using pterygium extended removal followed by extended conjunctival transplant

Hirst LW
Ophthalmology 2012; 119:2205–10

Lawrence W. Hirst has reported findings from an open prospective study of 1000 consecutive patients undergoing the Pterygium Extended Removal Followed by Extended Conjunctival Transplantation (P.E.R.F.E.C.T. for PTERYGIUM) technique which he himself has developed. This study involved 1000 patients from August 2001 to September 2009 and only one recurrence occurred (0.1%). There was follow-up of 1 year in 99% of participants. Seven patients needed more surgery including 3 graft replacements, and 1 patient each had procedures to manage recurrence, strabismus, inclusion cyst, and granuloma. The author credits 2 basic components of P.E.R.F.E.C.T. for PTERYGIUM–extensive tenonectomy and the use of a much larger graft than usually used in conjunctival autografting for the extremely low recurrence rate. In addition, he points to the specific suturing technique involving excision of the semilunar fold for the good cosmetic result. He concludes that while this surgical approach requires a steep learning curve, the outcomes of nonrecurrence and low complications rates are worth the extra effort required for this surgical technique.

Intravitreal ranibizumab for diabetic macular edema with prompt versus deferred laser treatment: Three-year randomized trial results

Elman MJ, Qin H, Aiello LP, Beck RW, Bressler NM, Ferris III FL, Glassman AR, Maturi RK, Melia M

Ophthalmology 2012; 119: 2312–8

Three-year study results from the Diabetic Retinopathy Clinical Research Network indicate that focal/grid laser treatment at the introduction of intravitreal ranibizumab is no better, and possibly worse for vision outcomes, than deferring laser treatment for at least 24 weeks in diabetic macular edema (DME) involving the fovea and with vision impairment. The trial involved 361 participants with visual acuity of 20/32 to 20/320 and DME involving the fovea. The estimated mean change in visual acuity letter score from baseline through the 3-year visit was 2.9 letters greater in patients who deferred laser treatment compared with the prompt laser treatment patients. In the prompt laser treatment group and deferral group, respectively, the percentage of eyes with a10 letter gain was 42% and 56%, while the percentage of eyes with a 10 letter loss was 10% and 5%. Some of the differences in visual acuity may be related to fewer cumulative ranibizumab injections in the prompt laser treatment group. The patients in the study will be followed through 5 years.

Benefit from bevacizumab for macular edema in central retinal vein occlusion: twelve-month results of a prospective, randomized study

Epstein DL, Algvere PV, Wendt GV , Seregard S, Kvanta A.
Ophthalmology 2012; 119: 2587–91

Epstein et al have found that intraocular injections of bevacizumab every 6 weeks for 12 months signify-cantly improve visual acuity and reduce macular edema (ME) secondary to central retinal vein occlusion (CRVO). This prospective study, which included a randomized 6-month, sham injection-controlled doublemasked clinical trial followed by a 6-month open-label extension, involved 60 patients. At 12 months, 60% of patients in the bevacizumab/ bevacizumab group had gained 15 letters compared with 33.3% of patients in the sham/bevacizumab group. The best corrected visual acuity improved by 16.0 letters at 12 months in the bevacizumab/ bevacizumab group compared with 4.6 letters in the sham/bevacizumab group. Mean decrease in central retinal thickness was 435 m in the bevacizumab/ bevacizumab group compared with 404 m in the sham/bevacizumab group. Patients receiving delayed treatment experienced limited visual improvement. The authors hope that future studies will determine whether the need for reinjections of bevacizumab can be reduced over time.

Brow ptosis after temporal artery biopsy: incidence and associations`

MurchisonAP, Bilyk JR
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Although temporal artery biopsy (TAB) is generally considered a low-risk procedure, damage to the facial nerve may cause brow ptosis and/or orbicularis oculi weakness. The incidence of this complication is not well reported. In this prospective study analyzing TABs performed by 2 surgeons during a 17-month period (68 patients undergoing 75 TABs), Murchison and Bilyk found a 16.0% incidence of postoperative facial nerve damage with a full recovery in 58.3% of these patients. An additional 16.7% improved over 6 months. Results showed that incisions close to the orbital rim and brow were more likely to have postoperative facial nerve dysfunction, whereas incisions greater than 35 mm from both the orbital rim and brow or above the brow were less likely to have postoperative brow ptosis. Because as many as 4% of patients undergoing TAB may experience permanent frontalis dysfunction, the authors recommend that patientsshould be warned of this risk during preoperative counseling.