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Sir,

Response to Shah *et al*

We thank Shah *et al*[1] for their interest in the Portsmouth Glaucoma Refinement Scheme.[2] The scheme also uses Van Herick grading for anterior chamber depth—all patients with a Van Herick peripheral limbal anterior chamber depth of less than 25% of corneal thickness were referred to the virtual clinic for assessment by an ophthalmologist. Approximately 10% of all of those accepted from the Refinement Scheme virtual clinic to HES (from a total of 11 out of 100 referred to the virtual clinic, from our audit) were due to narrow angles suspected through Van Herick grading. Of these, 25% subsequently required laser peripheral iridotomy, slightly higher than the 17% positive predictive value, for the suggestion of occludable angles by an initial Van Herick test, outlined by Foster.[3]

Conflict of interest

The authors declare no conflict of interest.

References

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Sir,

Identification of Epstein–Barr virus in a case of aggressive retinochoroiditis

We describe isolation of Epstein-Barr virus by aqueous PCR in a case of fulminant retinochoroiditis with prominent choroidal effusions as an atypical feature.

Case report

A sixty-five-year-old woman with primary open-angle glaucoma and previous bilateral augmented trabeculectomies presented with a painful, red left eye with decreased vision. She had been diagnosed with aplastic anaemia 1 year previously and was undergoing systemic immunosuppression (mycophenolate mofetil) in preparation for an anti-thymocyte globulin transfusion, receiving long-term prophylactic ciprofloxacin, acyclovir, and itraconazole. At presentation she had neutropaenia (0.07×10^9/l), thrombocytopaenia (13×10^9/l), and low reticulocytes (3×10^9/l).

Visual acuity in the right eye was 6/6, while the left was light perception. A left afferent pupillary defect was present with anterior uveitis and hypotony (intraocular pressure right eye 11 mm Hg, left 7 mm Hg). There was no associated blebitis. Fundal examination revealed vitritis, focal retinitis (Figure 1) and localised choroidal effusions (Figure 2). A diagnosis of retinochoroiditis was made.

Empirical intravenous acyclovir 10 mg/kg tds was commenced along with topical dexamethazone 0.1% and

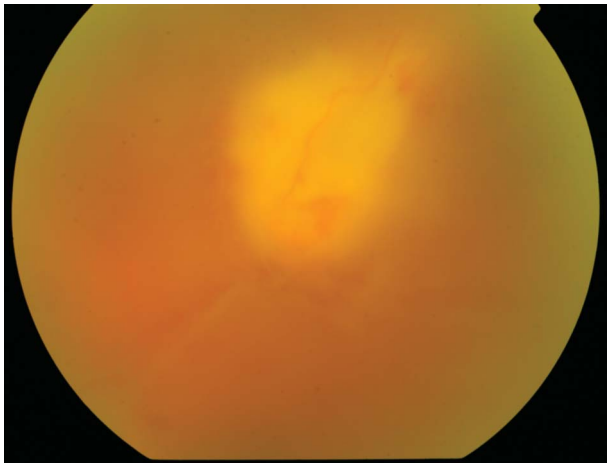

Figure 1 Focal retinitis with haemorrhagic arteriolitis in the region of the superotemporal vascular arcade. The view is partially obscured by marked vitiritis.

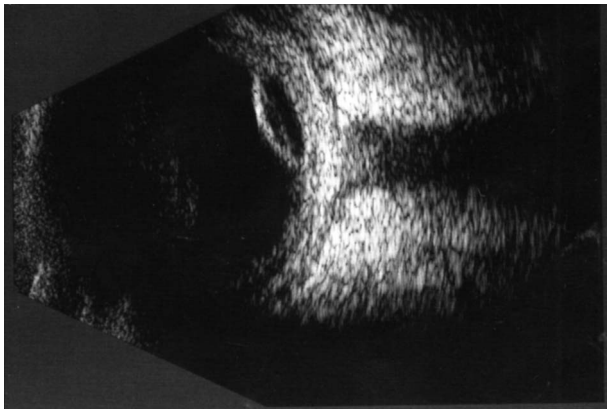

Figure 2 Localised choroidal effusion at presentation.

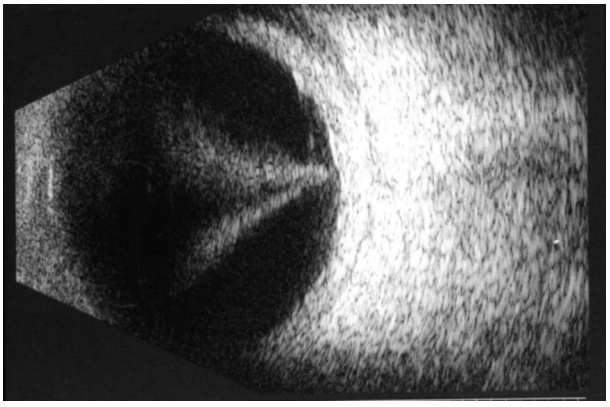

Figure 3 Progression of funnel-shaped retinochoroidal effusions to involve entire posterior pole 3 weeks after presentation.

cyclopentolate. An anterior chamber paracentesis was performed and quantitative aqueous polymerase chain reaction (PCR) analysis detected Epstein–Barr Virus (EBV) DNA. PCR was negative for toxoplasma, herpes simplex virus, varicella zoster virus, and cytomegalovirus. EBV was not detected in peripheral blood PCR. She was known to have EBV carrier status at the time aplastic anaemia was first diagnosed. Despite adjuvant high-dose oral prednisolone the choroidal effusions progressed to involve the posterior pole (Figure 3). Final acuity in the left eye remained at perception of light only. The effusions resolved but the eye remained hypotonous. The right eye remains unaffected at follow-up and she is maintained on a 1-year prophylactic course of oral famciclovir.

Comment

Clinical features of multifocal retinochoroiditis have been described in association with presumptive ocular EBV infection,[1] but diagnosis is usually based on serologic evidence of specific EBV antibodies.[2,3] Lau *et al*[4] identified EBV by vitreous sample PCR in two patients with acute retinal necrosis, however, to our knowledge there are no previous reports of EBV having been isolated from aqueous PCR. With our patient, choroidal effusions were a prominent feature along with focal retinitis; infiltration by cytotoxic polyclonal EBV-infected lymphocytes in the acute phase may be responsible.[5] EBV is a rare cause of retinochoroiditis and the most of the described cases have occurred in conjunction with haematological disease. Aciclovir has relatively low efficacy against EBV, as such our patient was commenced on famciclovir prophylaxis. It is, therefore, important for clinicians to include EBV in the PCR panel of such patients in order to optimise therapy.

Conflict of interest

The authors declare no conflict of interest.

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Sir,

360° subconjunctival silicone oil after unsutured 23-gauge vitrectomy

Sutureless vitrectomy techniques gained widespread acceptance recently, and their indications have expanded. We describe a case in which silicone oil in an eye leaked out through unsutured sclerotomies and caused widespread conjunctival scarring.

Case report

A 58-year-old man with a complex ocular history of the right eye (OD) was referred for silicone oil removal. His surgical history OD at another institution included two retinal detachment repairs with 23-gauge pars plana vitrectomy using the Constellation Vision System (Alcon Laboratories, Inc., Fort Worth, TX, USA). Ports were created with conjunctival displacement and oblique-angled sclerotomies (30°) with the bevel facing up, parallel to the limbus. The wounds were watertight at the end of the operations and not sutured. Silicone oil was used in the second surgery. Eight months later, most of the oil was removed using the 23-gauge vitrectomy system, with minor residual intraocular emulsified silicone oil left behind. 10% SF_6 gas was injected at the end of surgery, and the sclerotomies were left unsutured. During the first postoperative week, the patient had hypotony that resolved without treatment.

Six months later, the patient presented to our hospital with shiny subconjunctival droplets, consistent with silicone oil, in all quadrants (360°). These extended 4 mm posterior to the equator (Figure 1). The patient complained of foreign body sensation and reported that his acquaintances had commented upon the unusual appearance of his eye. At surgery to remove residual oil, it was noted that the conjunctiva was tightly adherent to