ACTA OPHTHALMOLOGICA 70: 434-439, 1992

Apraclonidine and Early Postoperative Intraocular Hypertension after Cataract Extraction

João A. Prata Jr., José R. C. L. Rehder and Paulo A. Arruda Mello

The efficacy of topical 1% apraclonidine in controlling early postoperative IOP rise after cataract extraction was evaluated. Topical 1% apraclonidine was applied to 20 patients who underwent extracapsular cataract extraction with posterior intraocular lens implantation. On another 20 patients, who acted as control group a placebo (artificial tears) was given. The IOP was measured before preoperative medication and postoperatively at 6, 12 and 24 h, using the Perkins hand-held applanation tonometer. In the control group, 9 patients (45%) developed intraocular hypertension and in the treated group only 2 (10%) showed hypertension, but with short duration and a moderate IOP rise. The difference in frequency of intraocular hypertension between the groups was statistically significant ($p < 0.02$). The statistical analysis showed that the postoperative IOP of operated treated eyes was significantly smaller than the IOP of operated control eyes. Furthermore, the postoperative IOP and the initial IOP did not differ statistically. The results of this study demonstrate the efficacy of topical apraclonidine 1% in controlling the early and transient intraocular hypertension following cataract extraction.

OPHTHALMOLOGY TIMES/JUNE 15, 1992

Three-piece Silicone Lenses Respond to Gentle Handling

Almir Ghiaroni

J RHEUMATOL 1992; 19: 1362-3

Interleukin 2 Receptor Membrane Bound and Soluble Form in the Aqueous Humor and Peripheral Blood of Patients with Acute Untreated Uveitis

Morton A. Scheinberg, Matiko Ikejiri, Maria Helena Silva, and Izabel Maria Mota

Uveitis is a manifestation of various chronic inflammatory arthritic conditions. There are considerable data implicating abnormalities of immune function in the etiopathogenesis of uveitis. We evaluated the percentage of cells expressing interleukin 2 (IL-2) receptor (membrane bound) and the levels of soluble IL-2 in the blood and aqueous humor of patients in various rheumatic diseases and acute untreated uveitis. Our findings showed increased IL-2 receptors (IL-2R) and soluble IL-2 receptors on the aqueous humor of patients with uveitis when compared to healthy controls. These results suggest an immunoregulatory role of IL-2R in acute uveitis and raises the possibility that its detection may be useful in management.

CORNEA 11(5): 398-403, 1992

Anti-inflammatory Therapy and Outcome in a Guinea Pig Model of *Pseudomonas* Keratitis

Camiar Ohadi, B.S., **Kevin L. Litwin,** B.A., **Hamilton Moreira,** M.D., **Sergio Kwitko,** M.D., **W. James Gauderman,** M.S., **David C. Gritz,** M.D., **Arlene Gwon,** M.D., **Robert Jones,** M.D., **and Peter J. McDonnell,** M.D.

Corneal scarring as a consequence of bacterial keratitis is an important cause of visual loss and a major indication for penetrating keratoplasty. Anti-inflammatory agents might be useful in this condition for limiting corneal damage, but benefit from adjunctive anti-inflammatory therapy has never been demonstrated. In this limited pilot study, we compared the effect on clinical out come of treating *Pseudomonas* keratitis in guinea pigs with prednisolone (a corticosteroid), flurbiprofen (a cyclo-oxygenase inhibitor), nordihydroguaiaretic acid (lipoxygenase inhibitor), and a leukotriene antagonist, SKF104353 [R-(R*, S*)]- β [(2-carboxyethyl) thio-α- hydroxy-2-(8-phenyloctyl) benzenepropanoic acid, zinc salt]. None of the anti-inflammatory agents prevented sterilization of ulcers with antibiotic (ofloxacin) therapy. Therapy with the leukotriene antagonist appeared to reduce infiltrate size more quickly and produce a more rapid reduction in lesion size, but the differences were not statistically significant. Sample size calculations suggest that very large numbers of animals would be required to prove efficacy. The role of anti-inflammatory agents in reducing the stromal destruction caused by bacterial keratitis remains controversial.

CORNEA 11(1): 36-40, 1992

Corneal Topographic Changes Following Strabismus Surgery in Graves' Disease

Sergio Kwitko, M.D., **Steven Feldon,** M.D., **and Peter J. McDonnell,** M.D.

A computerized topographic analysis system was used to evaluate corneal changes after strabismus surgery in eight eyes of five patients with Graves' disease. All patients underwent inferiorrectus muscle recession; three eyes also had medial rectus recession. Corneal topographic analysis revealed that, postoperatively, corneas steepened inferiorly and inferotemporally at 1.5 mm from corneal apex ($p < 0.05$). The opposite effect was observed in the superior quadrant (average flattening of 1.20 ± 0.32 D at 1.5 mm from corneal apex, and 1.08 ± 0.39 D at 3.0 mm from corneal apex; $p < 0.05$). Superotemporally, the cornea flattened by an average of 0.65 ± 0.26 D at 3.0 mm from corneal apex, and superonasally 0.72 ± 0.19 D at 3.0 mm from corneal apex ($p < 0.05$). Central, nasal, and temporal cornea did not show statistically significant changes. Spherical equivalent did not change significantly after surgery. The amount of restriction and upgaze measured preoperatively was correlated weakly with inferior corneal steepening($r^2 = 0.44$; $p = 0.046$). These results are indicative that corneal topography may be influenced by strabismus surgery for Graves' disease through alteration of extraocular muscle tension or intraocular pressure.

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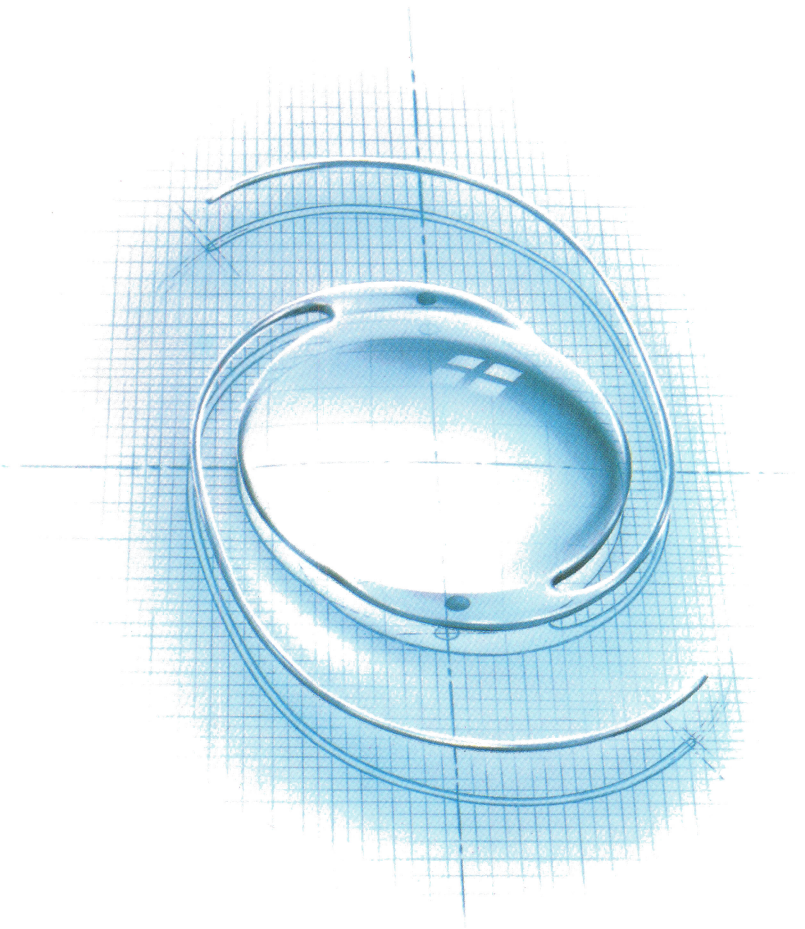

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