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Clinic-based eye disease screening by non-expert personnel is useful for diagnosis

Investigators looked to determine the accuracy of visual acuity, tonometry, and fundus photography tests by non-ophthalmic personnel for age-related macular degeneration (AMD), diabetic retinopathy (DR), glaucoma, and cataract, from each of 3 enrolling clinics. Patients 250 years old were screened, and those with positive screening test results in either eye and a 10% random sample with negative results in both eyes were referred for an ophthalmology examination. Fundus photography screening had the highest yield for DR (sensitivity: 67%); visual acuity screening for cataract (sensitivity: 89%), and intraocular pressure screening for glaucoma or suspected glaucoma (sensitivity: 25%). The burden of disease was relatively high, with at least 1 of the diseases of Interest detected in 25% of participants from the diabetes clinic, 34% from the thyroid clinic, and 21% from the general clinic. *American Journal of Ophthalmology*, July 2021

<https://pubmed.ncbi.nlm.nih.gov/33823160/>

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Long-term outcomes of Boston Type I keratoprosthesis

This study reviewed the long-term outcomes, anatomical retention, and complications of Boston type I keratoprosthesis (KPro) in retrospective, Interventional case studies. Over the mean follow-up time of 83.4 ± 28.4 months, 56% of eyes demonstrated improved best-corrected visual acuity. The anatomical retention rate was 89%, and the functional success rate was 44% (retained KPro with BCVA $\geq 3/60$). Eyes with ocular surface disease (OSD) had significantly more complications than those without OSD. The most common complications were retroprosthetic membrane formation (56%) and Infection (48%). Infection Incidence was significantly lower in eyes using topical 0.1% amphotericin B and 5% povidone Iodine. Boston type I KPro could be an alternative treatment for patients with conventional PKP failure, especially with appropriate patient selection and complication prevention. Standard prophylactic antibiotics with the addition of topical 0.1% amphotericin B and 5% povidone iodine might be optional effective regimens for infection prevention, especially in tropical countries. *American Journal of Ophthalmology*, June 2021

<https://pubmed.ncbi.nlm.nih.gov/34102154/>