shown effective intraocular concentrations after oral dosing. The infection was successfully eradicated with preservation of ambulatory vision.

This first case of postoperative VRE endophthalmitis is an unfortunate milestone in ophthalmic surgery. Future cases are probably inevitable given the trends in the epidemiology of VRE infection and colonization, especially in patients with compromised immunity. Colornized donor corneal tissue is a potential source. While optimal treatment of this infection is unknown, the favorable outcome in our patient may have been the result of early intervention and the use of linezolid.

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Financial Disclosure: None reported.

Funding/Support: This study was supported in part by an unrestricted grant from Research to Prevent Blindness Inc.


Improved Binocularity After Laser In Situ Keratomileusis

Refractive surgery can improve uncorrected vision over a wide range of refractive errors. However, impaired binocularity has been reported after refractive surgery.1 Decompensated strabismus and loss of stereopsis can be disturbing, even when visual acuity outcome is excellent. Improved stereopsis after refractive surgery is rarely reported and is usually found in the pediatric population.2 We present a case of improved stereopsis after laser in situ keratomileusis (LASIK) treatment of anisometropia in an adult.

Report of a Case. A 32-year-old woman was first seen for LASIK evaluation, complaining that her eyes did not “work well together.” She had been prescribed glasses at age 6 years, but she did not wear them. She denied therapy for amblyopia or strabismus. She had no significant medical history and her medication included only birth control.

Uncorrected visual acuity was 20/150 OD and 20/30 OS. Preoperative best-corrected visual acuity was 20/25 OD and 20/20 OS. Cycloplegic refraction was +2.75 – 4.50 × 116 OD and –0.75 – 0.25 × 80 OS. Titmus stereacuity testing without correction yielded 5 of 9 dots (100 seconds of arc). Pupil, extraculcular motility, slitlamp, intraocular pressure, and dilated retinal examination results were all normal. No contact lens trial was performed.

The patient underwent LASIK surgery with the Moria CB manual microkeratome (Moria USA, Doylestown, Pennsylvania) and the VISX STAR S4 Laser (VISX USA Inc, Santa Clara, California). At postoperative week 1, the patient stated that her eyes were working better together. Uncorrected visual acuity was 20/25 OD and 20/20 OS. Stereacuity testing results were now 8 of 9 dots (30 seconds of arc). At 1 month after the operation, the patient felt her depth perception was “perfect.” Her vision was unchanged and manifest refraction was plano – 0.30 × 146 OD and plano – 0.25 × 13 OS. Stereacuity had improved to 9 of 9 dots (40 seconds of arc). At 7 months, she maintained Titmus stereacuity (40 seconds of arc) and stated that the dots had become even easier to see.

Comment. Refractive surgery effectively improves visual acuity and reduces refractive error. However, it can adversely affect binocular function. Reports describe decompensation of strabismus following refractive surgery, with resultant esotropia, exotropia, or hypertropia.1 The strabismus can lead to asthenopia or even diplopia.1 In cases of monovision refractive surgery, some patients will lose subjective depth perception.4 Stereacuity may be difficult to recover, even when monovision is reversed with correction.

This case presents improved stereopsis in an adult with long-standing anisometropia. Despite minimal amblyopia in the right eye (best-corrected visual acuity, 20/25), her subjective and objective binocularity improved within 1 week after LASIK. She further improved to 40 seconds of arc at 1 month after the operation, which was maintained at 7 months. She did have some optical correction as a child, which may have yielded her some increased stereacuity potential. Her preoperative decreased stereacuity may have been related to her not wearing corrective devices and may have improved with contact lens trial. However, she had a subjective and objective improvement with time after LASIK resolved her anisometropia. In a MEDLINE search, we were unable to find cases in which an adult patient had improved stereocuity after refractive surgery.

Patients with a history of strabismus or undergoing monovision refractive surgery should be warned of decreased binocularity. However, some patients with anisometropia may experience an improvement in binocularity after refractive surgery.

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Financial Disclosure: None reported.


From the Archives of the Archives

Quantitative determinations of the absorption of UV radiations by different structures of the eye are of importance, since various pathologic conditions, such as cataract, retinal damage, and functional visual disturbances, have been variously ascribed to these radiations.

The UV absorption spectrums of various components of the rabbit eye have been measured. The limit of transmission for the whole eye is approximately 330 millimicrons; that for the lens, 310 millimicrons, and that for the aqueous and vitreous humors and cornea, separately, approximately 280 millimicrons.

Measurements of the absorption of ultraviolet radiations by the corneal epithelium indicate that the chief absorbing element is nucleoprotein, its limit of transmission being less than 230 millimicrons.

The minimal amount of radiant energy from the sun to which the eye would have to be exposed before minimal damage would occur to the lens was calculated to be about 3 times the dose necessary to produce minimal damage to the cornea.

The results suggest that so little ultraviolet radiation in the abiotic region reaches the retina that damage from these rays would be extremely unlikely.


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