Long term effect of repeated hyperbaric oxygen therapy on visual acuity in inflammatory cystoid macular oedema
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COMMENT

Hyperbaric oxygen has many effects on ocular functions: it is known to influence ocular oxygenation and blood flow in several experimental studies. Human visual function has been influenced by this treatment—for example, contrast sensitivity, visual field, and dark adaptation. It is also used therapeutically in patients with mucormycosis of the orbit, peri-orbital reconstruction, and radiation induced optic neuropathy.4–7

Several reports have shown the favourable influence of hyperbaric oxygen treatment in cystoid macular oedema of various causes but none of these reports describe results over a period longer than 3 months.4–7 We demonstrated that this treatment had a positive and reproducible effect on the visual acuity of a patient with long standing cystoid macular oedema caused by uveitis. This effect lasted up to 7 months and post-treatment visual acuity of the better left eye never reached values as low as the 2 years before oxygen treatment. The visual improvement in our patient was asymmetrical, probably because of coexisting ischaemia.

This case illustrates that hyperbaric oxygen can be a valuable adjuvant in patients with sight threatening macular oedema.

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Sarcoidosis presenting as a cutaneous eyelid mass

EDITOR,—Sarcoidosis is a multisystem granulomatous disorder of unknown aetiology, most commonly affecting young adults and presenting most frequently with bilateral lymphadenopathy, with or without pulmonary infiltration, and with skin or eye lesions. Cutaneous involvement is present in 25% of patients with chronic sarcoidosis and 11% of patients without ocular sarcoidosis.1 We report a patient with unilateral palpebral sarcoid but without any other evidence of ocular or cutaneous sarcoidosis.

CASE REPORT

A 65-year-old woman presented with a large, firm non-tender cutaneous mass involving the upper lid and then extended to the lower lid. She denied any systemic symptoms and physical examination was unremarkable. Ophthalmic examination showed a best corrected visual acuity of 6/6 in each eye. A discrete, large, prominent cutaneous mass without erythema was present in the lateral canthus, involving the upper and lower eyelids. Results of slit-lamp and fundus examination were normal. A biopsy specimen of the mass was obtained. Microscopic examination revealed the presence of non-caseating granulomata of epithelioid cell type with multinucleate cells (Figs 2 and 3). Stains for acid fast bacilli and