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Letter

Funduscopy: to dilate or not?: Precipitation of angle closure may not be a disservice

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Editor—Liew et al encourage clinicians to dilate pupils for thorough funduscopy.¹ The rare occurrence of precipitated angle closure with tropicamide 0.5% may not necessarily be a disservice to the patient, for two reasons.

Firstly, anyone whose angle may be provoked into closure by a mild mydriatic is at risk of spontaneous angle closure glaucoma. The fact that it has been precipitated in a healthcare setting, rather than occurring in the community, is of some benefit. The patient is likely to be within easy access of specialist care. We see patients who are at risk of angle closure but who, for example, have a propensity to travel (either during the day or for extended durations, as with the armed forces) or who cannot travel (because of being snow bound without ambulance access for several days).

Secondly, such angle closure would occur shortly after dilating drops are wearing off. Thus the symptoms are likely to be attributed to the preceding use of mydriatic drops and the correct diagnosis should be made quickly and treatment given promptly. Conversely, in cases of spontaneous angle closure patients often do not take notice of, or report, early symptoms. Clinicians too, may misinterpret symptoms or signs, leading to delay in diagnosis and a potentially poorer outcome. The fear of precipitating angle closure glaucoma should therefore not affect the decision to dilate to perform accurate funduscopy.

Footnotes

- Competing interests None declared.

References

1. Liew G, Mitchell P, Wang JJ, Wong TY. Funduscopy: to dilate or not to dilate? *BMJ* 2006;**332**: 3. (7 January.)