Bhan, KJ; Bastawrous, A; Davey, KG (2006) Funduscopy: to dilate or not? Precipitation of angle closure may not be a disservice. BMJ (Clinical research ed), 332 (7534). p. 179. ISSN 0959-8138 DOI: 10.1136/bmj.332.7534.179

Downloaded from: http://researchonline.lshtm.ac.uk/38220/

DOI: 10.1136/bmj.332.7534.179

Usage Guidelines

Please refer to usage guidelines at http://researchonline.lshtm.ac.uk/policies.html or alternatively contact researchonline@lshtm.ac.uk.

Available under license: Creative Commons Attribution Non-commercial http://creativecommons.org/licenses/by-nc/2.5/
Let

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

BMJ 2006; 332 doi: http://dx.doi.org/10.1136/bmj.332.7534.179 (Published 19 January 2006) Cite this as:
BMJ 2006;332:179

Kanchan J Bhan, specialist registrar, ophthalmology (starfish1944@yahoo.com), Andrew Bastawrous, senior house officer, ophthalmology, Keith G Davey, consultant ophthalmologist

Department of Ophthalmology, Huddersfield Royal Infirmary, Huddersfield HD3 3EA
Department of Ophthalmology, Huddersfield Royal Infirmary, Huddersfield HD3 3EA

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