associated with visual improvement. The final visual outcome could have been influenced by other factors such as the type, duration and stage of CNV, time of intervention, presence of macular scarring and retinal atrophy.

Our results are comparable to other recent studies.2–4 Spalde et al.1 in a series of 266 patients, found visual improvement in a third at one month. Nearly 6% had worse visual acuity and 80% of patients had a reduction in optical coherence tomography measurements at one month. Rich et al.5 observed improvements in visual acuity and macular thickness at one week, which continued to month three. At month three, mean visual acuity had improved from 20/160 to 20/125 and mean macular thickness had decreased by 99.6 μm.

We encountered no significant bevacizumab-related systemic side effects. The only ocular adverse events included a case of infectious endophthalmitis in a non-compliant patient and one retinal pigment epithelial rip. These patients had poor visual outcome. Other recent studies also found no serious drug-related ocular or systemic adverse events.2–4

This study was a non-randomized retrospective study with short-term follow-up. The study included a wide range of patients with various types and stages of CNV, some with previous treatments. The use of Snellen acuity measurements also means that direct comparison with previously published data is difficult. Despite these limitations it clearly demonstrates the efficacy and short-term safety of bevacizumab in the treatment of CNV and confirms the findings of previous studies. These preliminary results suggest that intravitreal bevacizumab is clinically effective in the management of neovascular AMD. Further studies are warranted to establish the long-term safety and efficacy of bevacizumab, and the optimal dosage for different lesions.

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References
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References

Case reports

A 38-year-old woman presented with a two-year history of a slowly enlarging cystic lesion of the left medial canthus, which was causing increasing irritation. On examination, there was a smooth, pink, fluid-filled lesion measuring 4 mm in maximum diameter (fig 1). The cyst was excised under local anaesthesia.

An 81-year-old man with a history of diabetic retinopathy presented for routine follow-up and was found to have a cystic lesion on the left lower eyelid, lying just proximal to the medial canthus. On examination, there was a smooth, yellow cystic lesion.

Comment

All three specimens appeared similar upon histological examination (fig 2). Each lesion appeared well circumscribed and was composed of nests and trabeculae of uniform, polygonal cells with abundant, finely granular eosinophilic cytoplasm.

The caruncle is a unique anatomical structure containing elements of both conjunctiva and skin. Oncocytomas (oxyphilic adenomas) of the caruncle are rare tumours accounting for only 3–8% of masses of the caruncle. These cases are unusual in that, to our knowledge, this is the first series in which three cases presented in the space of eight weeks. This begs the question: are we misdiagnosing or indeed underdiagnosing these tumours, because not all are sent for pathology and how important or relevant is this?

Oncocytomas are benign neoplasms of oncocytic cells, which can occur at a variety of sites. Ocular adnexal oncocytomas are usually situated in the lacrimal drainage apparatus of the caruncle. Cases occurring in other sites such as the eyelid have also been documented. The differential diagnosis should include melanocytic melanoma at the top of the list; as this carries the worst prognosis, melanocytic naevus, benign epithelial tumours, pyogenic granulomas and haemangiomas, along with several other rarer lesions.

As already mentioned, oncocytomas are by large benign in nature and usually only require excision for cosmetic purposes or if they cause irritation to the patient. They do, however, have a real potential to recur in cases of incomplete excision and can be locally aggressive and occasionally turn malignant.

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