
The authors describe their results using a combination of mullerotomy, recession of levator aponeurosis, and medial transposition of the lateral horn of the levator aponeurosis for upper eyelid retraction in Graves’ disease. Of 72 eyelids operated, 71 had good or excellent results.


The authors retrospectively examined optic nerve photographs of 29 patients with compressive optic neuropathies and compared the cupping to normal age-matched controls. The median cup area/disc area was increased to 0.37 for all eyes with visual compromise versus 0.1 for control eyes, and the intereye difference in cupping in unilateral compressive optic neuropathy was significant (0.13). Their data “confirm an association between compression of the afferent visual pathways and cupping of the optic nerve.”


This study addresses the very difficult problem of managing a patient who shows loss of vision after an optic nerve sheath decompression for pseudotumor cerebri. Five patients are presented, none of whom had immediate repeat optic nerve sheath decompression, but four of whom were treated with lumbarperitoneal shunting with stabilization or improvement in vision. This is an interesting paper, which leads to the speculation that repeat optic nerve sheath decompression may need to be evaluated more than anecdotally.


Dr. Lessell offers a concise review of the results of the Ischemic Optic Neuropathy Decompression Trial in the setting of its historical precedent. His article also includes the abstract of the full report that was published in the February 22, 1995 *Journal of the American Medical Association.*


The authors report a patient with a 12-year history of known optic nerve sheath meningioma who developed adenocarcinoma of the lung and died of metastatic disease within two years. Although no change in her meningioma was appreciated clinically premortem, autopsy showed adenocarcinoma metastatic to the optic nerve sheath meningioma. This may be the first reported case of such an occurrence.


Two patients with a monoclonal temporal crescent field loss, plotted on the Goldmann perimeter, are presented, each with discrete anterior occipital lobe pathology. This interesting monocular cerebral-based visual field defect is discussed.