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Characterization of Infectious Crystalline Keratitis Caused by a Human Isolate of *Streptococcus mitis*

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• *Streptococcus mitis* isolated from a human with infectious crystalline keratitis was injected intrastromally into corneas of adult New Zealand white rabbits that were treated with tetracycline hydrochloride, methylprednisolone acetate, or a combination of tetracycline and methylprednisolone. Animals were followed up for up to 44 days; untreated corneas and those treated with tetracycline developed no disease or "fluffy" stromal infiltrates with overlying epithelial defects representing an abscess. Corneas treated with the combination of tetracycline and corticosteroid usually developed crystalline stromal opacities that on histopathologic examination were shown to be intrastromal aggregates of cocci. Transmission electron microsc-

py of crystalline lesions within 10 days of infection revealed typical cocci intermixed with a fibrillar material having periodicity characteristic of fibrinogen or fibrin, and immunoperoxidase staining for fibrinogen was positive. By 1 month, electron microscopy revealed aggregates of degenerated bacteria that were surrounded by cellular processes of activated keratocytes. Our studies demonstrate a model for crystalline keratitis in which organisms are seen to reside within the stroma for up to 44 days without an inflammatory response. Periocular corticosteroids appear to be necessary to create this model. It is possible that the organisms are isolated from the host response by fibrin or by keratocytes.

OPHTHALMIC SURGERY, 22(2), 1991(Feb)

Correction of Hyperopia Following Radial Keratotomy

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• Overcorrection of 1.00 diopter or more following radial keratotomy (RK) is reported to occur in 10% to 33% of cases.¹ Such overcorrection may manifest as a transient condition in the immediate postoperative period due to corneal edema adjacent to the incisions; a progressive refractive hyperopic shift many months after surgery; or as

an immediate, unexpected event.¹ Continuous circumferential sutures² and interrupted sutures in the radial incisions³ have been proposed to correct hyperopia following RK. We report a case of correction of persistent hyperopia utilizing computer-assisted corneal topographic analysis.

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Results of Unilateral Medial Rectus Recession in High AC/A Ratio Esotropia

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• Twenty-five patients with high accommodative convergence/accommodation (AC/A) ratios and near esotropia of 15 to 35 prism diopters were treated with a 6- to 8-mm unilateral medial rectus recession according to the near deviation. In 24 patients (96%), the esodeviation was aligned within 10Δ , with a follow up ranging from 3 to 7

years. Only one patient had greater than 10Δ of esotropia (14Δ), and none became exotropic. This procedure appears to be a safe and effective method in the treatment of esotropia with high AC/A ratios, in a selected group of patients.

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