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## Letters

## An Alternative to SLO

The article "Expanded Role for Microperimetry in Visual Rehabilitation" (Clinical Update, April) was a very informative and thorough discussion of the benefit of microperimetry in rehabilitation. The knowledge it provides about central scotoma and ring scotoma is invaluable to the doctor and the therapist. However, many low vision rehabilitation programs do not have the luxury of access to scanning laser ophthalmoscopy (SLO).

I feel it is important to remind clinicians about the availability of an inexpensive, accessible, and simple test that provides clinically useful information that correlates well with SLO. I authored a commentary, published in Journal of Visual Impairment & Blindness,1 about a modification of Donald Fletcher's original central tangent field test that is useful in evaluating the central field of low vision patients. This test, the California Central Visual Field Test, is now commercially available from Mattingly Low Vision.

A further benefit of this test is its practical applica-

tion in performing a binocular exam, which an SLO is unable to accomplish. While some patients may suppress one eye during testing, many people perform much better in a binocular fashion. Because results of binocular testing are frequently different from the results of testing either eye alone, this information is often helpful to the therapist in training the patient for the real-world environment.

Ronald J. Cole, MD Sacramento, Calif.

1 Cole RJ. J Vis Impair Blind. 2008:102(10):659.

## Steroid Confusion

Potency of Topical Ophthalmic Steroids in "Savvy Steroid Use" (Feature, February) confusing. The table was difficult to understand from a practical standpoint. We are of the opinion that difluprednate (Durezol) followed by prednisolone acetate (Pred Forte) are the stronger topical steroids clinically.

> George Bohigian, MD Kevin Greuloch, MD St. Louis

**WRITE TO US** Send your letters of 150 words or fewer to us at *EyeNet Magazine*, AAO, 655 Beach Street, San Francisco, CA 94109; e-mail eyenet@aao.org; or fax 415-561-8575. (*EyeNet Magazine* reserves the right to edit letters.)