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Letters

Avulsion of the Optic Nerve

EDITOR'S NOTE: The writer of the following letter has asked to remain anonymous to protect the privacy of his deceased colleague.

In response to "Optic Nerve Avulsion" (Blink, November): This is a devastating mechanical eye injury. The optic nerve is torn posterior to the lamina cribrosa as a result of sudden and rapid displacement or rotation of the eye. I have seen cases with incarceration of the vitreous into the avulsion site through the lamina, most likely a result of both the rapid globe displacement and increased intraocular pressure. If you identify a full-thickness break in the lamina cribrosa, some would consider this a very specific type of open-globe injury or posterior rupture, where the opening involves the lamina. In the case shown, I would not be surprised if there was also choroidal infarction in addition to the retinal artery occlusion due to the involvement of the posterior ciliary arteries.

This is a wonderful photograph, and my sincere congratulations to Robin A. Vora, MD, and Apolonia Hilao-Bautista.

*Ronald C. Gentile, MD,
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Empathy Among Us

I recently learned that a colleague took his own life. As I heard from his peers, the general theme was that his interpersonal skills seemed to rub some of them the wrong way, alienating him socially. What many did not know was that he had been facing many pressures in his personal life, while also going through the rigors of training and first years of practice.

While in the trenches of training or behind the pillars of academics, it is easy to target and alienate individuals who struggle with social conformity. We have all seen departments or have been on rotations where the pervasive culture is to identify any sign of weakness and exploit it. As physicians, we strive for genuine compassion and empathy for every patient. Stories like this remind us to aspire to do the same with our colleagues and trainees, who may be shouldering adversities and challenges that we may never know of.

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.)