similar skin lesions six weeks earlier, which settled spontaneously. Treatment was changed to oral linezolid and vancomycin eye drops. The periorbital erythema, oedema, and conjunctival injection improved gradually over the next three days. After two weeks of inpatient antibiotic treatment the patient was discharged on similar oral and topical regimens.

The patient re-presented with identical symptoms on two separate occasions one week after conclusion of the initial course, and again six weeks later. Nasal, groin, and conjunctival swabs from the left eye grew the same strain of community-acquired MRSA. He was put on a 14 day course of vancomycin eye drops, oral linezolid, and oral rifampicin, again with a rapid clinical response. He also underwent an MRSA decolonisation regimen and dermatological evaluation of his eczema, with subsequent emollient treatment. His family members had no history of skin infections and were swabbed to investigate the recurrent nature of this infection but none was found to carry MRSA. Subsequent screening swabs from the patient have been negative to date.

**Comment**

Infections with MRSA tend to affect individuals with established risk factors and the involved strains have typical sensitivities. The MRSA isolate from this patient was resistant to flucloxacillin and fusidic acid but sensitive to ciprofloxacin and erythromycin. This unusual sensitivity pattern is similar to those of established risk factors and the involved strains have typical sensitivities. The duals with established risk factors and the infection is associated with turf abrasion and septic venous thrombosis in a European patient with an ocular manifestation of CAMRSA from a population of young healthy athletes with no established risk factors. Physicians must be aware of the increasing incidence of CAMRSA infections and the new clinical challenges these cases will present.

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**References**


**HIV and hepatitis B/C infections in patients donating blood for use as autologous serum eye drops**

During recent years eye drops from autologous serum have become increasingly popular for treating ocular surface disorders such as persistent corneal epithelial defects and severe forms of dry eye.\(^1\)\(^2\) Although very successful, one potential disadvantage of this approach—especially because the drops are used in a domestic setting—is the possibility of transmission of viral infections by the recipient.\(^3\) To our knowledge this is the first report of a European patient with an ocular manifestation of CAMRSA. We thank Dr Angela Rossney, National MRSA Reference Laboratory, for typing the MRSA strain.

**Case report**

We report the results of HIV and hepatitis B/C serology testing in patients donating blood for the production of autologous serum eye drops at our centre. During the period August 2005 to November 2006, 88 patients with persistent corneal epithelial defects or severe forms of dry eye were referred to the department of transfusion medicine to donate autologous serum (156 visits, between one and 12 visits per individual patient). Table I shows the results of blood tests for HIV, HBV, and HCV in 88 patients. In our patients, positive results in screening tests were confirmed according to the procedures which are established for blood donors—that is, HIV immunoblot and HIV RNA NAT, HBsAg neutralisation assay and HBV DNA NAT, HCV immunoblot, and HCV RNA NAT.\(^4\) In our patients, positive results in screening tests were confirmed according to the procedures which are established for blood donors—that is, HIV immunoblot and HIV RNA NAT, HBsAg neutralisation assay and HBV DNA NAT, HCV immunoblot, and HCV RNA NAT.\(^4\) In our patients, positive results in screening tests were confirmed according to the procedures which are established for blood donors—that is, HIV immunoblot and HIV RNA NAT, HBsAg neutralisation assay and HBV DNA NAT, HCV immunoblot, and HCV RNA NAT. In summary, 2.3% of all patients showed previously unknown viral infections with hepatitis B or C virus. The finding of a composite serological profile in our small number of autologous donors of serum eye drops is surprising, but in line with our previous report on patients undergoing preoperative autologous blood donation (PABD), where we found a rate of about 20% of markers for positive HIV, HCV, HBV (including anti-HBc) or syphilis infection.\(^4\) In addition to the confirmed infections shown in table 1, we found that one of our patients was positive for anti-HIV (HIV RNA NAT negative, HCV immunoblot inconclusive), one patient had antibodies against Treponema pallidum, and three patients were positive for anti-HBc, resulting in an overall rate of 8% of...
patients with positive infection markers in the study.

Comment
In blood transfusion, the risk of receiving a blood component which was intended for a different patient is about 1:10 000. This refers to a standardised procedure carried out by trained staff in a controlled hospital setting and led to the recommendation that all PABD patients in Germany should be tested for HIV, HCV, and HBV. In outpatient practice, discrepancies over the dosage of drugs, taking drugs that were not recorded, or not taking a recorded drug were reported in 76% of patients. Serum eye drops are normally used in an “uncontrolled” outpatient setting. This suggests that the risk that autologous serum eye drops are not given to the intended patient or are unintentionally used by someone else at home (for example, children), and therefore give rise to the transmission of viral infection, might be considerably greater than 1:10 000. This strongly suggests that virology screening should be carried out in all patients undergoing donation for autologous serum eye drops.

In conclusion, significant proportions of patients intending to donate blood for use as autologous serum eye drops show infections with hepatitis B and C virus and should therefore generally be tested for HIV, HCV, and HBV infection. Patients with viral infections should not be allowed to donate autologous serum eye drops, to prevent the risk of viral transmission by unintended use of autologous serum eye drops by a third party. This principle should generally be applied in all cases where autologous blood is drawn and stored for therapeutic purposes.

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Case report
A 36 year old female patient presenting with a history of focal Jackson seizures in her right arm two months ago, and being repeatedly beaten by her husband, complained of impaired vision and headaches for two days. Ophthalmoscopy revealed bilateral papilloedema, and MRI showed bilateral chronic subdural haematomas, empty sella, and bilateral, aneurysm-like ectasia of the optic nerve sheath. The appearance of the optic nerve head normalised and clinical examination was unremarkable at three and six months after the intervention. On MRI, the ectasia of the optic nerve sheaths remained unchanged.

Comment
Ectasia of the optic nerve sheath is a rare finding in imaging studies, and various terms have been used to describe this entity: arachnoid cyst, optic hydrops, patulous subarachnoid space, and meningocele. Concerning pathogenesis and associated diseases, Shanmuganathan et al reviewed the literature and identified a patient group with associated progressive hyperopia and choroidal folds.

Lövblad et al reported three patients with neurofibromatosis type I and tube-like ectasia of the optic nerve sheath. In neurofibromatosis type I, dural ectasias are a typical finding and are most often present in the spinal canal. In contrast to an enlargement of the optic nerve sheath by optic gliomas, which are also common in neurofibromatosis type I, the ectasias are isointense to cerebrospinal fluid. Hansen and Helmke investigated the optic nerve sheath response to pressure during CSF absorption studies in 12 patients undergoing neurological testing, and found that changes in the diameter of the sheath followed changes in the intracranial pressure.

In our case, neither progressive hyperopia, choroidal folds, nor features of neurofibromatosis were present. The intracranial pressure was at least temporarily raised, but the morphological changes remained after normalisation of the intracranial pressure.

Irreversible aneurysm-like ectasia of the optic nerve sheaths in a patient with bilateral subdural hematoma

The differential diagnosis of retrobulbar processes as detected by computed tomography or magnetic resonance imaging (MRI) comprises a variety of pathological processes. While the most frequent diagnoses are tumours or inflammation, others are incidental findings that might point to an underlying cause. Among the latter is enlargement of the optic nerve sheath, an expansion of the cerebrospinal fluid space around the optic nerve that in some cases is linked to raised intracranial pressure.

This so called “optical nerve sheath ectasias” or meningoceles are a rare finding, with only around 40 documented patients. The appearance of these ectasias has been described as tube-like. Aneurysm-like ectasias of the optical nerve sheath have not been reported so far. We present a case of bilateral aneurysm-shaped ectasia of the optic nerve sheath associated with bilateral subdural haematomas and presumably with temporarily raised intracranial pressure.

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References

Table 1 Number of HIV, HCV, or HBV infections in patients intending to donate blood for use as autologous serum eye drops, compared with new blood donors in Germany in 2004"