Résultats: Two major parameters can be assessed using QoL instruments in ophthalmology and glaucoma: the patient-specific visual-QoL and the patients´ vision-related quality of life. Whereas the first gives a good insight in patients subjective impairment due to glaucoma and smaller changes in different dimensions can be detected, utility values can serve well for economic evaluations. There are a number of well-documented questionnaires to quantify the subjective impairment in glaucoma. The glaucoma-specific instruments have the greatest power of discrimination between glaucoma patients and control. The two major instruments for utility assessment are SG and TTO. Compared to the visual QoL assessed by the Visual Function Questionnaire 25 (VFQ-25) in a normal collective, patients with glaucoma have a clearly diminished QoL.

Discussion: Visual QoL is strongly correlated with central vision, but also (less strongly) with the severity of visual field defects. The perfect QoL instrument for glaucoma has yet not been identified. The VFQ-25 appears to be the benchmark against which new glaucoma QoL instruments have to be compared. The Glaucoma Quality of Life 15 (QOL-15) is probably the most useful and clinically relevant tool. Utility instruments have the highest power for economic evaluations, whereas questionnaires have a better power to detect smaller changes in disease severity or progression. It is obvious, that current utility values in glaucoma differ markedly dependent on which method was used.

Conclusion: Assessment of visual QoL is of increasing importance in patients with glaucoma. Individual assessment of patients impairment by the disease is an important factor in medical decision making for the clinician. QoL measurements allow to perform health economic analyses using utility values, which create well-founded arguments in medical and health-policy decision making.

068 Qualité de vie : De la théorie à la pratique. Quality of Life: From theory to daily practice. NEUBUER AM (Munich, Allemagne)

Introduction: Quality of life (QoL) plays an increasingly important role in clinical studies and for the assessment of new technologies. It is directly relevant for evidence based individual patient treatment. Therefore the current study aims to summarize the impairment of vision-related QoL in selected diseases and their treatments.

Materials and methods: A short review based on the methods of assessing quality of life is given. Focusing on important retinal diseases like age related macular degeneration, diabetic retinopathy, metaplasia of the vitreoretinal interface (macular holes, ERM) the impairment of vision-related QoL by the diseases and changes by treatment are illustrated. Implications for clinical practice are discussed and recommendations are given.

Observation: While in some conditions visual acuity transfers well into visual QoL, this is frequently not the case and sometimes there is only weak or no correlation. Visual QoL is a more comprehensive endpoint including many other factors that influence vision such as visual field impairment, metamorphopsia or color perception. The visual QoL is also an expression of the visual preference of the individual patient.

Discussion: As patient perceived quality of vision may be considered the real goal of ophthalmologic therapy, it should also be considered more systematically in daily practice. Visual quality of life has a different information value than visual acuity. Evidence based study results of large patient numbers can be applied to decide on the most suitable therapeutic regimen for the individual patient.

Conclusion: Visual QoL has increasing importance not only in clinical studies but also in actual therapeutic decision making for the individual patient, although on many points further research is needed.

Différenciation immunohistochimique des tumeurs mélanocytaires des conjonctives.

Immunohistochemical differentiation of melanocytic conjunctival tumors. GRENOT U.B.*, KAMPIK A, MESSMER EM. (Munich, Allemagne)

Introduction : La différenciation des lésions mélanocytaires des conjonctives peut être un véritable défi pour le clinicien ainsi que pour l’histopathologue.

Matériaux et méthodes : Analyse immunohistochimique de 53 naevi conjonctivaux, 10 mélanoses primitives acquises sans atypies cytonucléaires, 25 mélanoses primitives acquises avec atypies et 24 mélanomes malins des conjonctives à l’aide de la méthode APAAP (phosphatase alcaline– phosphatase antialcaline). Des marqueurs des cellules mélanocytaires (PS100, HMB45, MelanA) ont été employés, ainsi que le marqueur de la prolifération cellulaire Ki-67. En outre, des marqueurs des lymphocytes T (anti-CD3) et des macrophages (anti-CD68) ont été utilisés, identifiant la présence d’une réaction inflammatoire associée. L’immunomarquage a été évalué selon l’intensité du marquage et la proportion des cellules marquées en conséquence classé selon une échelle semi-qualitative allant de 0 à 3.

L’analyse statistique a été effectuée en utilisant le test exact de Fisher et le test de Mann-Whitney.

Résultats : Il existait une différence significative des marqueurs PS100 (p = 0.027), HMB45 (p = 0.004), MelanA (p = 0.007), CD8 (p = 0.019) et CD68 (p = 0.015) entre les mélanoses primitives acquises sans atypie et les mélanoses primitives acqui- ses avec atypies. On observait une augmentation significative de l’expression Ki 67 (p = 0.015) et de la proportion de lymphocytes T (p = 0.018) dans les mélanomes malins par rapport aux mélanoses primitives acquises avec atypies.

Discussion : Les tumeurs des conjonctives bénignes, à potentiel malin et malignes peuvent être différenciés non seulement par des critères cytologiques, mais également par immunomarquage avec différents marqueurs mélanocytaires et inflammatoires.

Conclusion : L’analyse immunohistochimique représente un moyen important, contribuant au diagnostic positif et différentiel de ces tumeurs, notamment dans le cas d’une histologie douteuse.

069 Bis


Objectif : To avoid enucleation currently practiced the ophthalmic artery of young children with advanced retinoblastoma and giving melphalan that is tumoricidal for retinoblastoma when given intrarterially.

Materials : 8 children with advanced retinoblastoma (Reese-Ellsworth stage V) eyes who were indicated for enucleation were entered in phase two of one center open study-approved protocol of ophthalmic artery infusion of melphalan to avoid enucleation.

Methods : cannulation of the ophthalmic artery was performed by a femoral artery approach using microcatheters while the children were under anesthesia and anti- coagulated. Chemotherapy (melphalan) was infused into the artery over a 30-minute period.

Main outcome measures: ophthalmic examinations, retinal photography, and electroretinograms were used to document local toxicity, whereas physical examinations and complete blood counts were used to measure systemic toxicity.

Results : the ophthalmic arteries were successfully cannulated in 6 cases (total, 11 times). Dramatic regression of tumors was obtained in 4 cases, and of vitreous and subretinal seeds was observed in two cases. No severe systemic side effects (sepsis, anemia, neutropenia, fever, or death) occurred. No transfusions were required (red cells or platelets). Three patients developed lid rash that resolved without treatment in two days. There was no toxicity to the cornea, anterior seg- ment, pupil, or motility.

Conclusions : we are experimenting a technique of direct ophthalmic artery infusion of melphalan for children with retinoblastoma. The technique has minimal systemic side effects and local toxicity. Therapeutic results in these 6 cases treated with this technique are reported and discussed.

070

Adaptation et évaluation de la version allemande de l’impact du profil de vision et du questionnaire de qualité de vision dans la DMLA gériatrique. Adaptation and evaluation of the German version of the impact of vision profile (IVI) and the low luminance questionnaire (LLQ) in Geographic Atrophy In Age-Related Macular Degeneration. FINGER RP* (Bonn, Allemagne), KLEinemas U (Bonn, Allemagne), Lamoureux EL (Melbourne, Australie), OWSEY C (Birmingham, Alabama, USA), SCHOLL HPN, Hdlz F.G. (Bonn, Allemagne)

Background: Patient-reported outcomes, such as visual function and quality of life, are met with increasing interest in the assessment of medical interventions. To offer a greater availability of valid psychometric tools in Germany, the German versions of the Impact of Vision Impairment Profile (IVI) and the Low Luminance Questionnaire (LLQ) were evaluated in a sample of patients with geographic atrophy (GA) due to advanced age-related macular degeneration (AMD).

Methods: All questionnaires were translated, back translated and culturally adapted using feedback from patients. Subsequently, the 28-item IVI and 32-item LLQ were administered to 104 patients with GA due to AMD by telephone. Diagnosis had been confirmed within the FAM-study, which is a multi-centre national history study of GA in Germany. All interviews were conducted by the same trained interviewer. The National Eye Institute Visual Functioning Questionnaire-25 (NEI-VFQ-25) was also administered in order to determine convergent validity of the IVI and