Résultats: Deux majorité paramètres can be assessed using QoL instruments in ophthalmology and glaucoma: the instrument-specific visual-QoL and the patients’ vision-related utility. 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 clearly diminished utility values.

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 (GQL-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.

Qualité de vie : De la théorie à la pratique.

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 summarizing the impairment of vision-related QoL in selected diseases and their changes by treatment are illustrated. Implications for clinical practice are discussed.

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, macular holes, and retinal vein occlusion, it is obvious, that QoL assessment is a relevant method for medical decision making for the clinician.

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 daily practice. Visual quality of life has different information value than visual acuity.

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.

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

Matériels et méthodes: Les tumeurs mélanocytaires des conjonctives sont des tumeurs qui, à la différence de la peau, ne produisent pas de mélanine. Elles peuvent se manifester de différentes manières, que ce soit par la présence de cellules mélanocytaires, de cellules de Merkel, de cellules de Langerhans ou de cellules de朗格汉斯.

Discussion: La différenciation immunohistochimique des tumeurs mélanocytaires des conjonctives est une méthode précise et sensible pour la détection des cellules mélanocytaires et des cellules de Merkel. Les marqueurs CD1a, HMB45 et S100 sont les plus utilisés. Les résultats obtenus permettent de confirmer la présence d’une réaction inflammatoire associée à l’inflammation locale.

Conclusion: La différenciation immunohistochimique des tumeurs mélanocytaires des conjonctives peut être un véritable défi pour le clinicien ainsi que pour l’histopatheologue. Les marqueurs CD1a, HMB45 et S100 sont les plus utilisés en pratique courante.