

Asian Journal of OPHTHALMOLOGY

open access journal  est. 1998

Volume 13 • Issue 4 • 2014 • 1560-2133



WE LEFT OUT THE
UNNECESSARY.

TRAVATAN[®]
BAK-FREE SOLUTION.

Introducing the first and only multi-dose
prostaglandin analogue with the IOP-lowering
power patients need, without the BAK. Choose
what's necessary for your patients.

TRAVATAN[®]
40 micrograms/ml eye drops, solution
travoprost
THE BAK-FREE WAY

For more information on the product please contact
your local **Alcon**[®] representative

Alcon[®]

a Novartis company

Asian Journal of OPHTHALMOLOGY

Submit your article now to the

Asian Journal of **OPHTHALMOLOGY**
a peer-reviewed online open access journal.

There are **no** publication costs, hidden fees or charges.

Chief editor: Paul Chew

The objectives of Asian Journal of Ophthalmology are as follows:

- To provide a platform for the publication of information with a focus on Ophthalmology in Asia
- To disseminate information that will improve the care of patients with all types of ophthalmological disorders, with a special focus on glaucoma
- To increase the understanding of such disorders through reporting of educational activities
- To publish the results of research programmes to expand knowledge about the causes, prevention, and treatment of ophthalmological disorders
- To work closely with Asian and international researchers to achieve these aims
- To provide a forum for young and relatively inexperienced researchers to present their research results as Original Articles via an international platform
- To maintain and promote relationships with any organisation with similar goals.

For more information, an article template and submission guidelines, see www.asjoo.com

PUBLICATION SCHEDULE 2014-2015:

2014		2015	
September 2014	14-1	February 2015	14-4: Special issue on Generic Medications
September 2014	Highlights print issue (APGC)	April 2015	15-1
October 2014	14-2	July 2015	15-2
December 2014	14-3	October 2015	15-3
		January 2016	15-4

Diagnostic value of contrast sensitivity test and conjunctival impression cytology for the detection of sub-clinical vitamin-a deficiency

T.D. Gondhowiardjo,^{1,2} I. Andriyani,^{1,2} S. Gumay,³ W. Artini,^{1,2}
R.A. Werdhana⁴

¹Department of Ophthalmology, Faculty of Medicine; ²Department of Ophthalmology, Cipto Mangunkusumo National Hospital; ³Department of Anatomical Pathology, Faculty of Medicine; ⁴Department of Community Medicine, Faculty of Medicine, University of Indonesia, Jakarta, Indonesia

Abstract

Purpose: To determine whether or not contrast sensitivity test and conjunctival impression cytology can be used as diagnostic tools to detect sub-clinical vitamin-A deficiency; and if there is a correlation within the two diagnostic methods.

Methods: A series of diagnostic studies comprising of contrast sensitivity test, conjunctival impression examination and serum retinol concentration were performed on literate children, six to ten years old, at West Java Elementary School. All subjects underwent a basic eye examination. Sample size, receiver operator curve, negative and positive predictive values, sensitivity and specificity were calculated.

Results: A total of 109 subjects out of 154 elementary school children corresponding to the inclusion criteria were included in this study. Forty-four (41.9%) children were detected to have sub-clinical vitamin-A deficiency. The contrast sensitivity test had a sensitivity value of 45.5% and a specificity value of 50.8% with a positive predictive value of 40%. The area under the receiver operator characteristic (ROC) curve was 49.5% (95% CI 38.1%-60.9%), whereas the conjunctival impression cytology test had a sensitivity value of 90.9%, and a specificity value of 16.4% with a positive predictive value of 43.9%. The ROC area was 56.1% (95% CI 45.0% - 67.1%). Pearson's analysis showed that there is no correlation between the two diagnostic tools (p 0.538).

Conclusion: The results of this study indicated that neither the contrast sensitivity test nor the conjunctival impression cytology was found to be a favorable screening tool to detect sub-clinical vitamin-A deficiency. Moreover, there is no correlation between the two methods.

Key words: Sub-clinical vitamin-A deficiency, contrast sensitivity, impression cytology

Introduction

Vitamin-A deficiency is a state or condition resulting from a lack of vitamin-A concentration level in the body tissue, causing either sub-clinical or clinical disorders, including the eyes.¹ Vitamin-A deficiency currently remains a public health problem worldwide, especially in developing countries, such as Africa and South-East Asia, affecting predominantly the young children during their period of growth.²

Correspondence: Gondhowiardjo Tjahjono, Department of Ophthalmology, Cipto Mangunkusumo National Hospital – Faculty of Medicine, University of Indonesia, Jl Kimia 8, Jakarta Pusat, Indonesia. E-mail: tgondh@yahoo.com

Starting as a silent threat, then later pursuing a pathological course, Vitamin-A deficiency is purported to be the cause of vision loss, especially in children, if not properly and timely managed and treated. In its early stages, it will cause difficulties in seeing in low-light settings, producing a condition known as *night blindness*. Treated inadequately, the condition will further progress to form abnormalities on the conjunctiva, and later on the cornea, generating a condition known as *xerophthalmia*, causing permanent damage in the cornea as well as loss of vision.^{2,3}

The predicament of vitamin-A deficiency is a perfect example of an iceberg phenomenon where, to date, only a few xerophthalmia cases have been established despite extensive sub-clinical vitamin-A deficiency found in the community. The ratio of sub-clinical vitamin-A deficiency to xerophthalmic patients is ten to one.³⁻⁵ Sub-clinical vitamin-A deficiency is defined as serum retinol concentration below 20 µg/dl (biochemical indicator), which serves as the gold standard, however, this measurement is an invasive, highly-skilled and costly procedure.

Early detection of sub-clinical vitamin-A deficiency is made possible by performing conjunctival impression cytology. This is an objective, less invasive, simple test performed using bio-pore membrane paper to identify the metaplastic changes of conjunctival surface epithelial found in sub-clinical vitamin-A deficiency.⁶⁻¹⁰

A contrast sensitivity test may be performed in a setting of regular lighting to detect any changes of vision quality despite normal visual acuity.^{12,13} This test is considered simple and reliable, making it a practical tool for early diagnostics.

In this study, we postulated that the contrast sensitivity test as well as the conjunctival impression cytology test prove to be an effective screening tool. The purpose of this study was to acknowledge the diagnostic value of the contrast sensitivity test and conjunctival impression cytology test in the detection of sub-clinical vitamin-A deficiency. We also aimed to compare the value of both tests as a potential tool for screening.

Methods

This diagnostic study was performed in the Elementary School of Plered Sub-district, Purwakarta, West Java, Indonesia by the School Health Unit – Community Eye Health Service in Cikampek. Thirty elementary schools were randomized and only one school was chosen. Another school was later selected, due to the insufficient number of subjects. The authors obtained prior approval for the study protocol by the Ethics Committee of the Faculty of Medicine University of Indonesia. Written informed consent was obtained from all subjects before recruitment.

Included in this study were literate subjects, six to ten years old, presenting with a visual acuity of 6/6 with maximal spectacle correction of 1.0 Dioptri and showing no abnormalities in the anterior and posterior segments, and who were willing to accept all research procedures.

All subjects underwent the contrast sensitivity examination using Pelli-Robson card with a range illumination of 60-120 cd/m².¹⁴ This was followed by a conjunctival impression cytology which was done after administration of anesthesia eye drops in both eyes. A conjunctival swab was taken with acetate cellulose paper (HA,

HA WP 04700, Millipore Corp, Bedford, MA, USA) and manipulated with an objective glass to extract the epithelial cell. The cellulose paper was then placed into a Petri dish containing fixating solution; alcohol 70%, formaldehyde 37% and acetate glacial acid (20:1:1). The fixated conjunctival samples for the impression cytology evaluation were transferred immediately after collection. The abnormal goblet cells were assessed using PAS and Papanicolaou staining. The staining procedure was conducted by a pathology expert, who was oblivious of the two previous assessment results. Density metaplasia goblet cell/mm² was calculated using Tseng criteria.¹⁰

The venous blood was drawn to quantification of serum retinol concentration using high performance liquid chromatography (HPLC) which was performed in the SEAMO-TROP MED (South East Asia Malnutrition Tropical Medicine) Laboratory, Jakarta.

Operational definition

The contrast sensitivity test is an assessment of the subject's ability to see and read letters on various gradations of contrast between characters and background under constant illumination. When the contrast sensitivity test was found to be less than 1.75 log unit, it was termed as abnormal. The ability to accurately read more than 1.75 log unit was defined as normal.

Sub-clinical vitamin-A deficiency was defined when serum retinol concentration was within the range of 0.35-0.70 µmol/l or 10-20 µg, whereas serum retinol concentration of higher than 0.70 µmol/l was defined as normal.

The interpretation of conjunctival impression cytology as grades 2, 3, 4, 5 was classified as abnormal, whereas grades 0 and 1 were considered a normal result.

Nutritional status was determined using the Growth Health Card for Elementary School Children issued by the Indonesian Ministry of Health. This chart is adopted from the Growth Reference Data for children aged between five and 19 years, World Health Organization 2007, which determines the nutritional status of elementary school children, based on gender, age and body-mass index. This chart categorizes the subjects into obese, normal and thin.

Statistical analysis

The collected data was analyzed using computerized SPSS 16 program. Sample size was calculated by expected sensitivity of both tests of 90% with an expected false value of 15%. Eighty-eight children altogether were enrolled. We calculated point estimates of predictive value, sensitivity and specificity, as well as the receiver operating curve of contrast sensitivity test and conjunctival impression cytology in detecting sub-clinical vitamin-A deficiency; this was compared to the gold standard, serum retinol concentration. Correlation between the two tests was assessed using Pearson's test.

Results

A total of 109 (70.8%) literate children out of 154 elementary school children were included in the study and underwent contrast sensitivity test, conjunctival impression cytology and blood test over a period from March to April 2009. One subject was excluded due to unsuccessful attempts to obtain venous blood. Three subjects were considered as excluded for inconclusive results of the conjunctival impression cytology; thus 105 subjects were considered favorable candidates for this study.

There were 46 (43.8%) female subjects participating in this study, the average age of subjects being eight years old. Ninety-one (86.7%) subjects were classified to have normal nutritional status. The prevalence of sub-clinical vitamin-A deficiency was found to be 41.9% (44/105), suffered equally by male and female subjects. Thirty-four (77.27%) subjects detected with decreased level of serum retinol concentration were determined as having a normal nutritional status (Table 1).

Table 1 Characteristic of subjects

	Total	Percentage (%)
Gender		
Male	59	56.2%
Female	46	43.8%
Age (years)		
6	2	1.9%
7	15	14.3%
8	44	41.9%
9	30	28.6%
10	14	13.3%
Nutritional Status		
Obese	2	1.9%
Normal	91	86.7%
Thin	12	11.4%
Sub-clinical vitamin A deficiency	44	41.9%

Contrast Sensitivity test

There were 50 (47,6%) subjects who demonstrated an abnormal ability during the contrast sensitivity test, with an average serum vitamin-A level of $0,83 \pm 0,034 \mu\text{mol/l}$ (mean \pm SD). However, the normal contrast sensitivity group showed a similar level of serum vitamin A. In order to prove whether contrast sensitivity test can be used as a diagnostic tool to detect sub-clinical vitamin-A deficiency in school children, it was necessary to conduct several statistical tests.

The sensitivity value is described as the ability of a diagnostic tool to detect a disease. Data showed that the contrast sensitivity test could only detect 45.5% of the subjects who presented with sub-clinical vitamin-A deficiency, whereas the specificity of the contrast sensitivity test to rule out subjects with sub-clinical vitamin-A deficiency is 50.8% (Table 2).

The positive predictive value (PPV) of the contrast sensitivity test was 40%, showing that there was a 40% probability of a subject indicating a positive result to actually have sub-clinical vitamin-A deficiency. Whereas the probability of not having the disease was derived from the negative predictive value (NPV), which is 56.4%.

Furthermore, receiver operator characteristic (ROC) analysis revealed that the ROC curve seems to be too close to the diagonal reference line - the area under curve 49.5% (95% CI 38.1% - 60.9%). If the cut-off point of the contrast sensitivity test is decreased into ≤ 1.57 log unit, the specificity of the test will be raised to 100%, however, its sensitivity will be down to 4.5%. These results demonstrate that the contrast sensitivity test is not an accurate tool in detecting sub-clinical vitamin-A deficiency.

Table 2 Diagnostic value of Contrast Sensitivity test

Contrast Sensitivity	Serum Retinol Level		Total
	(0.35-0.70 $\mu\text{mol/l}$)	(>0.70 $\mu\text{mol/l}$)	
Abnormal	20 (a)	30 (b)	50 (a+b)
Normal	24 (c)	31 (d)	55 (c+d)
Total	44 (a + c)	61 (b+d)	105

The sensitivity value is $a/(a+c) = 20/44 = 45.5\%$; whereas the specificity yield from $d/(b+d) = 31/61 = 50.8\%$. The PPV was derived from $a/(a+b) = 20/50 = 40\%$, whereas the NPV is $d/(c+d) = 31/55 = 56.4\%$.

Conjunctival impression cytology

Conjunctival impression cytology is a minimally invasive pathological assessment to detect any pathological changes within the conjunctival surface. There was only 1 (0.9%) subject who showed grade-2 abnormality and a total of 90 (85.7%) subjects presented with grade-4 and grade-5 abnormality of conjunctival impression cytology. Fourteen (13.3%) subjects were classified to have normal pattern (grade 1). The mean serum retinol concentration of subjects with abnormal conjunctival impression

cytology was $0.82 \pm 0.029 \mu\text{mol/l}$. Subjects with normal conjunctival impression cytology showed a mean serum retinol concentration of $0.98 \pm 0.035 \mu\text{mol/l}$. The difference of serum retinol concentration between subjects with abnormal and normal conjunctival impression cytology was statistically significant ($p: 0.036$).

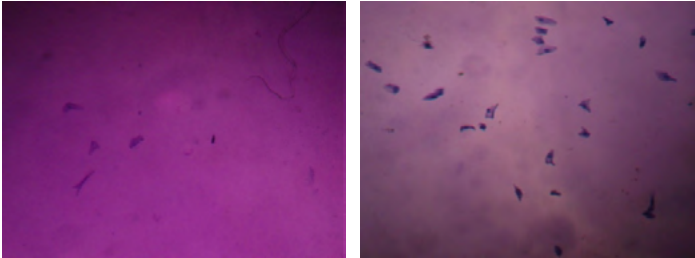


Fig. 1. Grade 4 and 5 conjunctival impression cytology abnormality, showing pycnotic nucleus and un-nucleated basophilic cells on sample no. 13 and 16.

The sensitivity value for conjunctival impression cytology was 90.9%, indicating therefore that this diagnostic tool demonstrated a 90.9% chance of detecting sub-clinical vitamin-A deficiency. The specificity value was 16.4%, which meant the probability of this test showing a negative result on a healthy subject was 16.4%. The positive predictive value (PPV) for conjunctival impression cytology was 43.9%, showing that there was 43.9% probability of a subject with a positive test result to actually have sub-clinical vitamin-A deficiency. The probability of a subject with negative result (normal conjunctival impression cytology) for not having the disease was 71.4% (negative predictive value/NPV)(Table 3).

Table 3 Diagnostic value of conjunctival impression cytology

Impression Cytology	Serum Retinol Level		Total
	(0.35-0.70 $\mu\text{mol/l}$)	(>0.70 $\mu\text{mol/l}$)	
Abnormal (> grade 2)	40 (a)	51 (b)	91 (a+b)
Normal	4 (c)	10 (d)	14 (c+d)
Total	44 (a + c)	61 (b+d)	105

The sensitivity and specificity were 90.9% and 16.4%, respectively; whereas the PPV and the NPV were 43.9%, and 71.4%, respectively.

Receiver operator characteristic (ROC) curve showed the correlation between sensitivity and specificity of conjunctival impression cytology to be a favorable diagnostic tool. The aim was to find the cut-off point of a diagnostic study. Area below ROC was 56.1% (95% CI 45.0% - 67.1%). Further analysis revealed that the most appropriate trade-off balance was 56.8% vs 52.5%, for sensitivity and specificity values, respectively, and 46.3% vs 62.7% for PPV and NPV, respectively, was achieved by using the grade-5 pathology of the conjunctival surface as the cut-off point. However, these results still indicate that conjunctival impression cytology is not sufficient enough to be used as an effective diagnostic tool.

Discussion

This study revealed that 44 (41.9%) out of 105 subjects were found to have sub-clinical vitamin-A deficiency. Surprisingly, 34 (77.27%) of them were actually grouped in the 'normal' nutritional status. This finding was in agreement with the fact that sub-clinical vitamin-A deficiency has no clinical manifestations other than the finding of serum retinol concentration is less than 20 gr/dl.^{15,16} This condition is also known as micronutrient deficiency or *hidden hunger*. People with this condition are usually unaware of the deficiency experienced by their body. These micronutrients are needed in small amounts only but are truly essential for general health, especially for the eyes.^{17,18}

Subjects aged six to ten years were selected to participate in this study, since these particular age groups are not covered by the Indonesian Ministry of Health's vitamin A supplementation program, employed in February and August annually. This program only covers pre-school children under five years old.¹⁹ This study showed that the majority of sub-clinical vitamin-A deficiency subjects are eight years old, without gender disparities. These results correspond with those of our previous studies.^{20,21}

The serum retinol concentration of 0.35-0.70 $\mu\text{mol/l}$, used as an indicator for diagnosing sub-clinical vitamin-A deficiency, does not provide an exact reflection of the total amount of body retinol stored in the liver. It represents only a borderline level between vitamin-A deficiency and normal serum level.^{22,23} A stable serum retinol level can be achieved when the liver storage level is very low.²³

High prevalence of sub-clinical vitamin-A deficiency in children in this study indicated the dietary intake situation in the area. As the nutritional status might hold a role in this finding, considering the high number of children who are undernourished in Plered sub-district, West Java.²⁴ Dietary habits of the children in this area constitute one of the factors, since this study was conducted in the mountain and plantation areas, where it is difficult for the people to find animal sources of vitamin A, such as meat, milk, fish, liver and eggs. Low social economy status might also contribute to this predicament. The level of vitamin A in the body is also influenced by respiratory tract infection, persistent diarrhea, anemia, and middle ear infection, frequent afflictions suffered by these children.^{25,26}

Detecting the manifestations of sub-clinical vitamin-A deficiency is a challenging task, considering night blindness is the early subjective symptom and more often than not unnoticed by patient. Decreased ability to see in low light intensity is caused by disturbance in the rhodopsin regeneration cycle, subsequently resulting in lower level of contrast sensitivity, which, clinically, can be assessed by contrast sensitivity test. Patients might have visual acuity of 6/6 while experiencing difficulties to see at night.²⁷

This study found that the average value of the 50 (47.6%) subjects with abnormal contrast sensitivity is 1.64 log unit, whereas the normal value is 1.75 log unit. Moreover, the mean serum retinol concentration is $0,83 \pm 0,034 \mu\text{mol/l}$ in both normal and abnormal contrast sensitivity subjects, resulting in the low sensitivity and specificity values. However, this finding was quite different from that of

Sekarsari²¹ who found the sensitivity of 100% and specificity of 80.5% based on the school children population with a mean of abnormal contrast sensitivity value of 1.52 log unit, and an average of serum retinol level of 0.63 $\mu\text{mol/l}$. Similar results were also found by Handayani.²⁸ These facts might suggest that the contrast sensitivity test appears to be successful as a diagnostic tool only in the more advanced serum retinol level depletion.

Since our finding of low sensitivity values together with the low PPV for contrast sensitivity test indicated that this test is unfavorable as a screening tool in the detection of deficiency of vitamin A, since it revealed only a 40% probability of a subject with positive test result to actually have sub-clinical vitamin-A deficiency. Several factors contribute to this result; background lighting, light reflection, distance, and personal factors pertaining to the subject. The drawback of this study was that no measurement was taken on room illumination during the test. Moreover, the contrast sensitivity test is a subjective test and might contribute to the variation of its diagnostic values found in our last studies. Fear and shyness in our subjects might also have affected the test results. Measurement bias was avoided by taking a repeated test up to two to three times.

This study showed a total of 91 subjects (86.7%) with abnormal conjunctival impression cytology, which is higher than the previous study by Rostami *et al.*²⁶ who only revealed 23.6% prevalence of abnormal conjunctival impression cytology among two to five-year-old children in Teheran. Reddy⁸ reported that 70.5% out of 246 children aged six to ten years, had serum retinol concentration which is lower than 0.7 $\mu\text{mol/l}$, whereas 85% of them were found to have an abnormal profile. The prevalence was raised to 97% in the pre-school children (one to five years old). Moreover, 65% amongst those who presented with normal conjunctival impression cytology were found to have low serum retinol concentration; which was in contrast to our finding, incorporating only 4 (28.6%) subjects.

Incongruence found in our study between conjunctival impression cytology and serum retinol concentration was most likely due to a poor cytology sample collection process, inadequate amount of serum, poor reagent quality or other unknown contributing factors.²² The disadvantage of conjunctival impression cytology as a diagnostic tool was the necessity of optimal cooperation between researcher and the subjects. Uncooperative subjects, especially the children, served to hamper sample collection process, thus affecting the end result. Conjunctival impression cytology also presented its own extent of subjectivity.²⁸

The contrast sensitivity test is a functional clinical indicator, whereas the conjunctival impression cytology is a tissue pathological indicator. Further comparability analysis using Pearson's test was not in total accordance and no correlation (p 0.538) was found between the contrast sensitivity test and the conjunctival impression cytology (Table 4). This finding may indicate that there are different kinds of vitamin-A metabolism within the two tissues.

In conclusion, the results obtained did not support our postulation that either the contrast sensitivity test or the conjunctival impression cytology can be used as a favorable diagnostic screening tool to detect sub-clinical vitamin-A deficiency.

Table 4 Comparability between conjunctival impression cytology and contrast sensitivity test.

Contrast Sensitivity	Impression Cytology		Total
	Abnormal	Normal	
Abnormal	44 (a)	6 (b)	50 (a+b)
Normal	47 (c)	8 (d)	55 (c+d)
Total	91 (a + c)	14 (b+d)	105

Pearson's analysis showed that there was no correlation (p 0.538) between the conjunctival impression cytology and the contrast sensitivity test.

References

- Combs G, Fernald. The Vitamins, fundamental aspects in nutrition and health. New York: Academic Press Inc. 2000; pp. 119-248.
- Muhilal, Kurniawan A, Sirlan SF, Harmani B, Hendarto A, Sunarko, et al. Deteksi dan tatalaksana kasus xeroftalmia. In: Kurniawan A, Sumarna E, Suroto, Wardhani RW, Trisnawati N, editors. Dep. Kes. RI 2003; p. 121.
- Humprey JH, West KP, Sommer A. Vitamin-A deficiency and attributable mortality among under 5-year-olds. Bulletin of the World Health Organization 1992;70:225-232.
- World Health Organization. Indicators for assessing vitamin-A deficiency and their application in monitoring and evaluating intervention programs. Geneva: World Health Organization; 1996.
- Bellagio meeting on vitamin-A deficiency SL childhood mortality. In: Bochnovic B (Ed.), Bellagio Study and Conference Center of the Rockefeller; 1993; United States of America: Johns Hopkins University; 1993
- Natadisastra G, Wittpenn J, West KP, Muhilal, Sommer A. Impression cytology for detection of vitamin-A deficiency. Arch Ophthalmol 1987;105:1224-1228.
- Natadisastra G, Wittpenn J, Muhilal. Impression cytology: a practical index of vitamin A status. Ann J Clin Nutr 1988;49:695-701
- Reddy V, Rao V, Arunjyothi, Reddy M. Conjunctival impression cytology for assessment of vitamin A status. Am J Clin Nutr 1989;50:814-817.
- Gadomski AM, Kjolhede CL, Wittpenn J, Bulux J, Rosas AR, Forman MR. Conjunctival impression cytology (CIC) to detect sub clinical vitamin-A deficiency; comparison of CIC with biochemical assessments. Am J Clin Nutr 1989;49:495-500.
- Tseng SCG. Impression cytology histochemical method for investigating ocular surface epithelial differentiation. 2008 [cited 2008 Dec 19]; available from: <http://www.ocularsurface.com>.
- Khan NC, Ninh NX, Nhien NV, Khoi NN, West CE, Hautvast JG. Sub clinical vitamin-A deficiency and anemia among Vietnamese children less than five years of age. Asia Pac J Clin Nutr 2007;16:152-157.
- Schwartz S. Visual perception. In: Schwartz S (Ed.), A clinical orientation. Connecticut: Appleton and Lange 1994; pp. 23-30.
- Miller D Glare. Contrast sensitivity testing. In: Tasman W, Jaeger E (Eds.), Duane's Clinical Ophthalmology. Philadelphia: Lippicott-Raven 1997; pp. 1-9.
- Mantyljarvy M, Laitinen T. Normal values for the Pelli-Robson contrast sensitivity test. J Cataract Refract Surg 2001;27:261-266.
- Newman N, Capone A, Leeper HF, O'Day D, Mandell B, Lambert SR, Thoft RA. Clinical and subclinical ophthalmic findings with retinol deficiency. Ophthalmol 1994;101:1077-1083.

16. HKI. Program pemberian vitamin A menyelamatkan penglihatan dan kehidupan anak-anak Indonesia 2003 [cited 2008 Dec 13]. Available from: <http://www.hellenkellerinternational.com>.
17. Siagian A. Pendekatan fortifikasi pangan untuk mengatasi masalah kekurangan zat gizi mikro 2003 [cited 2008 Dec 19]. Available from: <http://www.defisiensivitamina.com>.
18. Sudirman H. Tantangan LitBang lintas disiplin dalam penanggulangan masalah kemiskinan, kelaparan, dan gizi kurang di Indonesia. Jakarta: Dep.Kes.RI 2008.
19. HKI. Program pemberian vitamin A menyelamatkan penglihatan dan kehidupan anak-anak Indonesia 2003 [cited 2008 Dec 13]. Available from: <http://www.hellenkellerinternational.com>.
20. Soebijantoro I. Pemeriksaan sensitivitas kontras sebagai indikator defisiensi vitamin A (tesis). Jakarta. Universitas Indonesia 2003.
21. Sekarsari N. Efek suplementasi vitamin A terhadap sensitivitas kontras penderita defisiensi vitamin A (tesis). Jakarta: Fakultas Kedokteran Universitas Indonesia 2004.
22. Cideciyan AV, Pugh EN Jr, Lamb TD, Huang Y, Jacobson SG. Rod plateaux during dark adaptation in Sorsby's fundus dystrophy and vitamin-A deficiency. *Invest Ophthalmol Vis Sci* 1997;38:1786-1794.
23. Tanchocho C, Rodriguez M, Olivar-santos E, Velandria F, Magbitang J. Relationship of conjunctival impression cytology with clinical and biochemical assessment of vitamin A status of preschoolers. *Asia Pac J Nutr* 1998;7:160-163.
24. Dinas Kesehahtan Kabupaten Purwakarta. Purwakarta dalam angka 2008. Purwakarta: Dinkes Purwakarta 2008; pp. 87-88.
25. Melandezio GV, Rocanda MJ, Toporovski J, Tiokani E, Son DW. Relationship between acute diarrhea and low plasma level of vitamin A and retinol binding protein. *Rev Int Med* 1996;38:365-369.
26. Rostami N, Farsar AR, Shiva N. Prevalence of sub clinical vitamin-A deficiency in 2-5 year old children in Tehran. *East Mediterr Health J* 2007;13:273-279.
27. Stephenson M. Contrast sensitivity testing in eye exams. 2008 [cited 2008 Dec 19]; available from: <http://www.contrastsensitivity.com>.
28. Handayani D. Efek suplementasi antioksidan pada anak-anak dengan sensitivitas kontras abnormal di Nangroe Aceh Darussalam. Tesis. Fakultas Kedokteran Universitas Indonesia Program Studi Ilmu Penyakit Mata. Jakarta 2005.
29. Morse A. Diagnostic cytopathology: specimen collection, preparation and cell appearances. In: Brancroft, Gamble M (Eds.), *Theory and practice of histological techniques*. Edinburgh: Churchill Livingstone 2002, pp. 621-662.

Xalatan[®]
latanoprost

Xalacom[®]
latanoprost/timolol maleate



One Drop a day helps them see what matters most.¹⁻⁴



For over 10 years, Xalatan[®] and Xalacom[®] have offered patients effective glaucoma treatments with the convenience of one bottle, one drop, once a day.¹⁻⁴

References: 1. Xalatan[®] (latanoprost) Prescription Information, Pfizer Corporation HK Ltd, version date: Oct 2012. 2. Xalacom[®] (latanoprost/timolol maleate) Prescription Information, Pfizer Corporation HK Ltd, version date: Jun 2009. 3. Parrish RK et al. *Am J Ophthalmol* 2003;135(3):688-703. 4. Drug Office, Dept of Health, HKSAR – Search Drug Database http://www.drugoffice.gov.hk/eps/ds/en/pharmaceutical_trade/search_drug_database.html

XALATAN[®] ABBREVIATED PACKAGE INSERT. TRADE NAME: Xalatan[®] 0.005% w/v eye drops solution. **PRESENTATION:** Each bottle contains 2.5ml eye drops solution; 100 ml eye drops solution contains 0.005g latanoprost. **INDICATIONS:** Reduction of elevated intraocular pressure in patients with open angle glaucoma, chronic angle closure glaucoma and ocular hypertension. Reduction of elevated intraocular pressure in paediatric patients with elevated intraocular pressure and paediatric glaucoma. **DOSE:** Instill 1 drop into the affected eye(s) once daily. Optimal effect is obtained when administered in the evening. Xalatan[®] eye drops may be used in paediatric patients at the same dosology as in adults. **CONTRAINDICATIONS:** Known hypersensitivity to any component in Xalatan[®]. **WARNINGS & PRECAUTIONS:** May gradually change the eye color by increasing the amount of brown pigment in the iris. Patients should be monitored regularly and if the clinical situation warrants, Xalatan[®] treatment may be discontinued. Xalatan[®] should be used with caution in peri-operative period of cataract surgery patients, patients with a history of herpetic keratitis, aphakic patients, in pseudophakic patients with torn posterior lens capsule or anterior chamber lenses, or in patients with known risk factors for cystoid macular oedema, asthmatic patients. Experience to date shows that periorbital skin discoloration is not permanent. Latanoprost may gradually change eyelashes and vellus hair in the treated eye and surrounding areas. Xalatan[®] contains benzalkonium chloride. Contact lenses may absorb benzalkonium chloride and these should be removed before applying Xalatan[®] but may be reinserted after 15 minutes. Efficacy and safety data in the age group < 1 year are very limited. **INTERACTIONS:** There have been reports of paradoxical elevations in intraocular pressure following the concomitant ophthalmic administration of two prostaglandin analogues. **FERTILITY, PREGNANCY AND LACTATION:** Latanoprost has not been found to have any effect on male or female fertility in animal studies. The safety of this medicinal product for use in human pregnancy has not been established. Latanoprost and its metabolites may pass into breast milk and Xalatan[®] should therefore not be used in nursing women or breast feeding should be stopped. **SIDE EFFECTS:** Increased iris pigmentation; mild to moderate conjunctival hyperaemia eye irritation; eyelash and vellus hair changes; transient punctate epithelial erosions; blepharitis; eye pain; eyelid oedema; dry eye; keratitis; vision blurred; conjunctivitis; iritis/uveitis; macular oedema; symptomatic corneal oedema and erosions; periorbital oedema; misdirected eyelashes sometimes resulting in eye irritation; extra row of cilia at the aperture of the meibomian glands. **REFERENCE:** HK PI (version date/LPD date) Oct 2012 **DATE OF PREPARATION:** Sep 2014 **IDENTIFIER NUMBER:** XAL10914

XALACOM[®] ABBREVIATED PACKAGE INSERT. TRADE NAME: Xalacom[®] eye drops, solution 2.5mL. **PRESENTATION:** Each ml of Xalacom[®] contains 50mcg latanoprost and 5mg timolol. **INDICATIONS:** Reduction of intraocular pressure in patients with open angle glaucoma and ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues. **DOSE:** Instill 1 drop into the affected eye(s) once daily. **CONTRAINDICATIONS:** Hypersensitivity to any component in Xalacom[®]. Reactive airway disease including bronchial asthma or a history of bronchial asthma, severe chronic obstructive pulmonary disease, sinus bradycardia, 2nd and 3rd degree atrioventricular block, overt cardiac failure, cardiogenic shock. **WARNINGS & PRECAUTIONS:** History of severe cardiac disease. Respiratory reactions and cardiac reactions, including death due to bronchospasm in patients with asthma and rarely death in association with cardiac failures, have been reported following administration of timolol maleate. Caution in patients subject to spontaneous hypoglycemia or liable insulin-dependent diabetes. May mask signs of hyperthyroidism and worsen Prinzmetal angina, severe peripheral and central circulatory disorders and hypotension. Patients who are aphakic, pseudophakic with a torn posterior lens capsule or with known risk factors for macular oedema. May cause change in eye colour. Contact lenses should be removed before administration and may be reinserted after 15 minutes. **INTERACTIONS:** The use of two local beta-blockers or two local prostaglandins is not recommended. Epinephrine, oral calcium channel blockers, guanethidine or beta-blocking agents, antiarrhythmics, digitalis glycosides or parasympathomimetics, clonidine, anti-diabetic agents. **PREGNANCY AND LACTATION:** Should not be used during pregnancy since the potential risk for humans is unknown. Active substance and its metabolites may pass into breast milk and should not be used in women who are breast-feeding. **COMMON SIDE EFFECTS:** Increased iris pigmentation; Thickening and lengthening of eye lashes; Mild conjunctival hyperaemia; Transient punctate epithelial erosions; Macular oedema, including cystoid macular oedema; Iritis/uveitis; Corneal oedema and erosions; Eye irritation (including stinging, burning and itching) and eye pain. **REFERENCE:** HK PI (version date/LPD date) Jun 2009 **DATE OF PREPARATION:** July 2012 **IDENTIFIER NUMBER:** XAL00712

FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST.



Pfizer Corporation Hong Kong Limited
18/F., Kerry Centre, 683 King's Road, Quarry Bay, Hong Kong
Tel: (852) 2811 9711 Fax: (852) 2579 0599
Website: www.pfizer.com.hk

Asian Journal of OPHTHALMOLOGY

Volume 13 • Issue 4 • 2014 • 1560-2133

www.asjoo.com
www.kuglerpublications.com