conjunctival myxoma in the literature were associated with Mazabraud or McCune-Albright syndromes.8,22

In summary, conjunctival myxoma can appear as a well-circumscribed, translucent, yellow-pink conjunctival mass in middle-aged patients. Management is generally complete surgical resection.

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Vision and Ophthalmology State-

1. Experimental protocol

- **Methods.**
  - **Exposure of the anterior chamber to alcohol**
  - **Results.**

2. Results and Discussion

- **Comment.**

3. Conclusion

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bleb, particularly if the eye is hypotonic. This kind of transudation is commonly observed with fluorescein applied to a leaking bleb in Seidel testing.

In the case presented, we used a cotton-tipped applicator soaked in alcohol rather than the polymer surgical spears previously described. More absolute alcohol is absorbed by cotton compared with spears that do not expand when in contact with this anhydrous chemical. This lack of expansion and lack of absorption of the spears may represent the lipophilic, and therefore hydrophobic, nature of anhydrous alcohol in comparison with lower concentrations of alcohol or other aqueous compounds, such as 5-fluorouracil or mitomycin C, that are used in ophthalmic surgery. Measurement of the delivery volume of alcohol in this experiment provides only a rough comparison between 2 methods and cannot be taken to represent the actual delivery amount during surgery, which involves active scraping and potentially multiple applications of alcohol but on a less absorptive conjunctival surface. However, a comparatively large amount of alcohol was probably applied in this case, which may have led to a toxic anterior chamber dose.

The limitations of this study include the lack of information about transudation of chemicals across filtering blebs and the possibility of the existence of other unknown causes of corneal decompensation. Within the limits of this study, it may be concluded that use of a large amount of absolute alcohol during bleb re-vision may pose a risk to the cornea. If used, alcohol should best be applied sparingly with a nonabsorptive material such as a polymer surgical spear.

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Verteporfin Photodynamic Therapy of Choroidal Neovascularization Secondary to Ocular Toxoplasmosis

Choroidal neovascularization (CNV) can arise secondary to the retinochoroiditis and macular scarring from ocular toxoplasmosis.1,2 Treatment of CNV due to toxoplasmosis can include corticosteroids, cryotherapy, laser photocoagulation, submacular surgery, and verteporfin photodynamic therapy (PDT).1,4 We describe 2 cases of CNV secondary to toxoplasmosis treated successfully with PDT.

Report of Cases. Case 1. A 20-year-old man with a diagnosis of congenital ocular toxoplasmosis with bilateral macular scars sought care because of a 9-month history of decreasing vision and metamorphopsia in the right eye. Visual acuity was 1/200 OD. Fundus examination results revealed a subfoveal choroidal scar with surrounding subretinal hemorrhage and exudate (Figure 1A). Fluorescein angiographic images identified central leakage from the CNV with surrounding blocked fluorescence corresponding to the hemorrhage. The eye was treated with PDT and the greatest linear dimension of the treatment spot included all of the hemorrhage.

One week posttreatment, visual acuity improved to 20/200 OD. Six weeks posttreatment, a flat scar was present in the central macula with resolution of the hemorrhage and exudate. Six months posttreatment, visual acuity improved to 20/60 OD and has remained stable for more than 2 years (Figure 1D-F).

Case 2. A 15-year-old boy with a diagnosis of bilateral macular scars secondary to congenital ocular toxoplasmosis reported decreasing vision in his left eye. On examination...