

Correction

The article "Approach to managing undiagnosed chest pain. Could gastroesophageal reflux disease be the cause?" (*Can Fam Physician* 2007;53:261-6) contained an omission. The competing interests section of the paper should have read as follows.

Competing interests

Dr Karlson is a full-time employee of AstraZeneca Research and Development in Mölndal, Sweden.

Canadian Family Physician apologizes for this error and for any embarrassment it has caused the authors.

Intraoperative floppy iris syndrome associated with tamsulosin

Tamsulosin, an α_1 -adrenergic blocking agent, is prescribed for symptoms of benign prostatic hypertrophy. In 2005 over 1.6 million prescription items of tamsulosin were dispensed in England.¹ Intraoperative floppy iris syndrome was first described in the medical literature in April 2005,² and there have been 16 subsequent related peer-reviewed publications. There is, however, no mention of the association in the current edition of the *British National Formulary*.³ Intraoperative floppy iris syndrome occurs in approximately 2% of all cataract-surgery patients and is characterized by billowing and prolapse of the iris through the corneal incisions and progressive pupillary constriction. This leads to a more complex surgery and a higher rate of complications.⁴ Many eye units now advise patients to discontinue tamsulosin for 2 weeks before cataract surgery and to start taking it again immediately after surgery, though the syndrome can occur in patients who stopped therapy 1 year before surgery. The condition is associated with all the α_1 -adrenergic blocking agents but is much more commonly seen with tamsulosin, which is highly selective for the α_{1A} receptor. These particular receptors are present in bladder-neck smooth muscle and in the iris dilator muscle. Blockage of this latter muscle allows unopposed action of the parasympathetically innervated iris constrictor muscle and loss of iris tone, resulting in the clinical syndrome. Intraoperative strategies for reducing the risks during surgery have been described and include the use of iris hooks (Figure 1) and intracameral phenylephrine.⁵

We would like to raise awareness about this condition among primary care physicians and to advise that the use of α_1 -adrenergic blocking agents should be documented on referrals for cataract surgery. Such patients are at higher risk of problems both from cataract surgery and from the urologic effects of the temporary cessation of treatment.

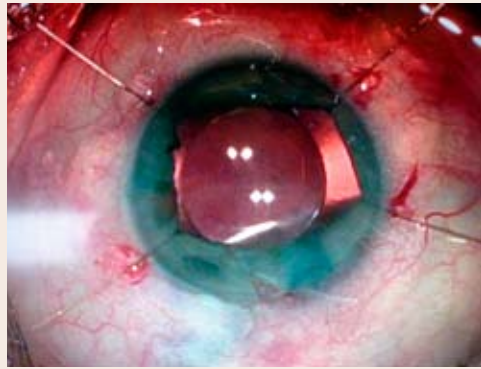
—Paul R. Brogden

—Oliver C. Backhouse

—Manuel Saldana

Leeds, United Kingdom
by e-mail

Figure 1. Iris hooks preventing iris prolapse



References

1. NHS Health and Social Care Information Centre. *Prescription cost analysis England 2005*. Leeds, UK: NHS Health and Social Care Information Centre; 2006.
2. Chang DF, Campbell JR. Intraoperative floppy iris syndrome associated with tamsulosin. *J Cataract Refract Surg* 2005;31(4):664-73.
3. British Medical Association, Royal Pharmaceutical Society of Great Britain. *British National Formulary No. 52*. London, UK: British Medical Association, Royal Pharmaceutical Society of Great Britain; 2006.
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Common misdiagnosis

The article "Pathologic and physiologic phimosis. Approach to the phimotic foreskin" (*Can Fam Physician* 2007;53:445-8) contains a diagnostic error. The picture presented is of lichen sclerosus et atrophicus, treatable with conservative high-potency steroids. There is a risk even after circumcision that the disease might come back and even develop into cancer many years later. Cancer of the penis is diagnosed in 32 men per year in Quebec; 6 will die from it, and the 5-year survival is 60%. Many men with squamous cell carcinoma of the penis had lichen sclerosus et atrophicus, which, left unattended, has consequences not only for the sexuality of afflicted males but also their lives. The advent of human papilloma virus vaccines might decrease the 40% of penile cancers attributed to human papilloma virus but not necessarily those related to lichen sclerosus et atrophicus. Such predisposing factors as lichen sclerosus et atrophicus need to be better diagnosed not only in women but also in men.

—Marc Steben MD
Montreal, Que
by e-mail

Reference

1. Thami GP, Kaur S. Genital lichen sclerosus, squamous cell carcinoma and circumcision. *Br J Dermatol* 2003;148:1083-4.