**Conflict of interest**

None declared.

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**Transversus abdominis plane block for renal transplant recipients**

Editor—I read with interest the article on the use of transversus abdominis plane (TAP) blocks in the postoperative pain management of renal transplant patients.1 I had a few queries for the authors.

(i) Did the authors use ultrasound guidance to perform the block? The use of ultrasound, in addition to helping to better delineate the tissue planes, may conceivably allow the administration of larger volumes of more dilute local anaesthetic, so as to facilitate longer lasting pain relief.

(ii) The authors have used a similar intraoperative analgesic regimen, that is, acetaminophen and morphine in both groups. Did they notice a decrease in the intraoperative use of morphine in the TAP group? Also, will the intraoperative use of morphine in the TAP group be a confounding factor in the postoperative evaluation of pain in this group?

(iii) The authors state that there was no significant difference in pain scores at 24 h. Could that situation be modified by the use of an indwelling TAP catheter that could be topped up at regular intervals?

**Conflict of interest**

None declared.

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**Systemic effects of topical ophthalmic agents**

Editor—We would like to remind readers of the importance of understanding the systemic effects of topical agents used in ophthalmology and alert them to the side-effects of apraclonidine. We describe a case of acute pulmonary oedema after the use of topical apraclonidine during a paediatric day surgery strabismus operation.