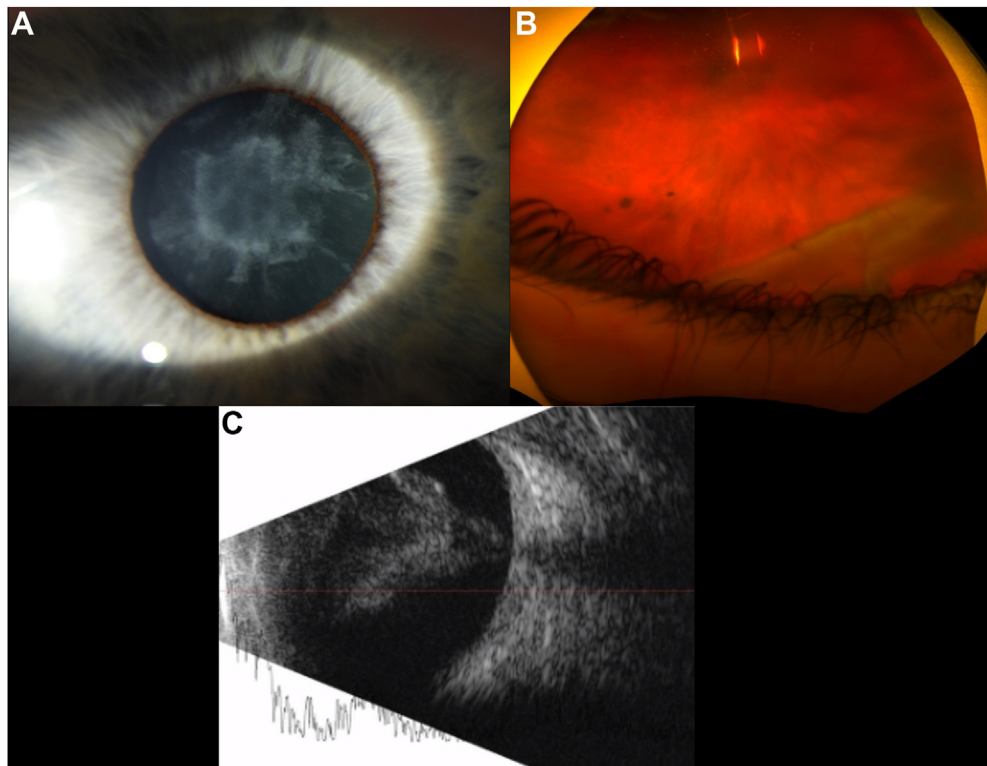


22. Cheng AM, Sheha H, Tseng SC. Recent advances on ocular Demodex infestation. *Curr Opin Ophthalmol*. 2015;26:295–300.
23. Rufli T, Mumcuoglu Y. The hair follicle mites Demodex folliculorum and Demodex brevis: biology and medical importance. A review. *Dermatologica*. 1981;162:1–11.
24. Mastrotta KM. Method to identify Demodex in the eyelash follicle without epilation. *Optom Vis Sci*. 2013;90:e172–e174.
25. Lemp MA. Report of the National Eye Institute/Industry Workshop on Clinical Trials in Dry Eyes. *CLAO J*. 1995;21:221–232.
26. Aumond S, Bitton E. Palpebral and facial skin infestation by Demodex folliculorum. *Cont Lens Anterior Eye*. 2020;43:115–122.
27. Lopez-Ponce D, Zuazo F, Cartes C, et al. High prevalence of Demodex spp. infestation among patients with posterior blepharitis: correlation with age and cylindrical dandruff. *Arch Soc Esp Ophthalmol*. 2017;92:412–418.
28. Ayres BD, Donnenfeld E, Farid M, et al. Clinical diagnosis and management of Demodex blepharitis: the Demodex expert panel of treatment and eyelid health (DEPTH). *Eye (Lond)*. 2023 Mar 24. doi: 10.1038/s41433-023-02500-4. Online ahead of print.
29. Nichols KK, Holland E, Toyos MM, et al. Ocular comfort assessment of lifitegrast ophthalmic solution 5.0% in OPUS-3, a phase III randomized controlled trial. *Clin Ophthalmol*. 2018;12:263.

Pictures & Perspectives



Massage Gun Ophthalmopathy

A 28-year-old man without psychiatric history/recent drug use presented with 2 months of painless vision loss in his left eye. He applied a Blusmart Massage Gun (image not included for copyright reasons) directly on and around each closed eye for more than an hour daily for several months to relieve the “feeling of eye pressure” (the patient had no history/knowledge of glaucoma). Visual acuity was 20/80 in the right eye and no light perception in the left eye. Intraocular pressure was 9 mmHg in the right eye and 23 mmHg in the left eye. In the right eye, the patient had an anterior subcapsular cataract (A) and dialysis/giant retinal tear-associated macula-on rhegmatogenous retinal detachment (B) successfully repaired with scleral buckling. In the left eye, the patient had early phthisis, white cataract, severe neovascularization of the iris, and an irreparable stiff funnel retinal detachment (C). (Magnified version of Figure A-C is available online at www.aaojournal.org).

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