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Sir,

Efavirenz and retinal toxicity

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We are writing in response to the case report by Curi AL *et al*[1] in the April 2001 edition of *Eye*.

The article in question was regarding an HIV-positive patient who developed a bilateral visual loss. It is reported that the patient started on Efavirenz (a non-nucleoside reverse transcriptase inhibitor) in March 1999. Three months later he began to experience blurred vision. The Efavirenz was discontinued, but the patient's vision continued to deteriorate to a visual acuity of 6/60 in both eyes. The case report notes 'ophthalmoscopy showed an area of retinal opacification occupying most of his macula in both eyes'.

The authors have attributed this visual loss to Efavirenz.

In a large primary and tertiary referral centre in London (Chelsea and Westminster Hospital), 683 patients have received Efavirenz since December 2000 as part of their HIV treatment. Only 19 of the 683 patients on Efavirenz have had ocular symptoms requiring review. None of these patients have any signs or symptoms corresponding with those reported as Efavirenz toxicity. The ocular pathology found in these cases was attributable to CMV disease (excluding the case of Best Vitelliform Macular Dystrophy) and is represented in Table 1.

Efavirenz is a relatively new drug. To date its known side effects are neuropsychological (dizziness/light-headedness, vivid dreams/nightmares) and dermatological (skin rash). Of 683 patients treated with Efavirenz at this centre, none had ocular pathology attributable to the drug itself.

These findings would lead us to conclude that many patients are being treated with Efavirenz with no ocular side effects and that perhaps the findings reported by Curi AL *et al*[1] are not related to the drug.

Table 1 Ocular pathology of patients on Efavirenz in the HIV ophthalmology department at Chelsea and Westminster Hospital

Ocular Pathology	*No.*
Quiescent Cytomegalovirus Retinopathy	13
Generalised Ischaemic Changes	1
Bilateral Cystoid Macular Oedema	1
Retinal Detachment (left eye)	1
Folds at the Macula	1
Immune Recovery Uveitis	1
Best Vitelliform Macular Dystrophy	1

References

1 Curi AL, Freeman G, Kapembwa M, Pavesio C. Retinal toxicity due to Efavirenz. *Eye* 2001; **15**: 246–248.

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Sir,

Benign idiopathic haemorrhagic retinopathy

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In their recent paper, Baker and Grey described five cases of benign 'idiopathic' haemorrhagic retinopathy.[1] I would argue, however, that Case 2 is almost certainly suffering from altitude retinopathy. The 44-year-old woman described had 2 days previously flown in a pressurized aircraft from Australia. The authors dismiss altitude retinopathy because altitude sickness 'does not occur in pressurized aircraft' and does not have a 'delayed onset'. In fact, cabin pressures in commercial aircraft are usually equivalent to 9000 ft, representing a fall in inspired pO_2 of 30%.[2] The mild anaemia of Case 2 and the long duration of flight may have made her particularly susceptible to this hypoxia. Also altitude retinopathy has been shown to occur in the absence of altitude sickness in a prospective study analysing these conditions independently at altitude.[3] Moreover, in Case 2 most of the retinal haemorrhages shown were centred on the optic disc and orientated in the nerve fibre layer. The published fluorescein angiogram showed mild venous dilatation but no disc leakage. These features are entirely consistent with altitude retinopathy and a fluorescein angiogram of a