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Sir,
Reply to Shah *et al*

We thank Drs Shah *et al* for their interest in our paper on obstructive sleep apnoea (OSA) and optic neuropathy.¹ Here, we attempt to elaborate on a few points mentioned by their letter to the editor.

In our study, we analysed each eye independently because normal tension glaucoma and various forms of optic neuropathies like nonarteritic ischaemic optic neuropathy, which may be related to OSA, often present unilaterally and asymmetrically, especially in the early stage.^{2–4} Anyway, as suggested by Dr Shah *et al*, we re-analysed the data by collapsing the data into individuals and analysed using Wilcoxon's test (a nonparametric test). The differences of visual field indexes between OSA and control arms were still found to be statistically significant ($P=0.021$ for the difference between mean deviation in the two arms, and $P=0.001$ for the difference between pattern standard deviation in the two arms, respectively).

Different statistical tools help researchers to analyse data in different aspects and present them at different angles. Shah *et al* suggested that we should present the difference of visual function indices in means with confidence interval (CI). However, in our series, only a small proportion of OSA patients developed optic neuropathies. Comparing their mean may not yield conclusive information. Therefore, as an alternative, we chose to present the visual field index in a graphical method showing the distribution of data, which gave a clear overall picture demonstrating that a small peak of suboptimal visual field indices was found in the OSA group. Concerning the values of CI, we did present the data in the footnotes of all tables and figures.¹

Finally, we would like to thank Dr Shah *et al* for mentioning the importance of study design methodology and terminology. We share their view that these are important aspects in any research.

References

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Sir,
**Reversible structural disruption of the outer retina
in acute welding maculopathy**

Exposure to welding arcs might result in maculopathy if appropriate protective eyewear is not used. The damage is thought to stem from photochemical injury to the photoreceptors.^{1,2} We report the correlation of clinical and optical coherence tomography (OCT) findings in a case of acute welding maculopathy.

Case report

A 19-year-old male presented with blurred vision in his right eye after staring at a welder earlier that day. The patient was aphakic in both eyes after lensectomy at the age of 10 years for subluxated microspherophakic lenses. Corrected visual acuity 3 months before presenting to our clinic was 6/7.5 in the right eye. Visual acuity in the left eye was light perception as a result of recurrent rhegmatogenous retinal detachment after trauma and