Sir,

Response to 'Combined OCT and colour fundus photography in virtual clinic assessments of wet AMD patients'

We would like to thank Mookhtiar and Downey[1] for their kind comments regarding our article.[2] We agree with their statement regarding the difficulty of diagnosing haemorrhages on the basis of using digital imaging alone, even with the benefit of colour images. It is not clear from their letter whether all the optical coherence tomography (OCT) scans were reviewed in detail or whether a single line scan was examined, as it is possible that the 2.5% of patients who had active choroidal neovascularisation, implied by the presence of a haemorrhage, might be picked up by careful scrutiny of all the scans for the presence of oedema. However even with this, haemorrhage can be missed. OCT with fundoscopy is the gold standard; in addition patients appreciate being seen by a doctor, and receiving their test results immediately. However, as Mookhtiar and Downey[1] point out, there are significant capacity issues in trying to deliver an age-related macular degeneration service, in particular with shortages of suitably trained medical staff, and fundoscopy usually requires a doctor. At present, while treatment requires intense monitoring, a virtual clinic model may be the only possible option where there are capacity issues.

Conflict of interest

The authors declare no conflict of interest.

References

1 Mookhtiar M, Downey L. Combined OCT and colour photography in virtual clinic assessments of wet AMD patients. *Eye* 2012; **26**: 619.
2 Hibbs SP, Smith A, Chow LP, Downes SM. Colour photographs for screening in neovascular age related macular degeneration: are they necessary? *Eye* 2011; **25**(7): 918–921.

SP Hibbs, A Smith, LP Chow and SM Downes

The Oxford Eye Hospital, John Radcliffe Hospital, Oxford, UK
E-mail: susan.downes@orh.nhs.uk

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Sir,

Idiopathic macular hole in a child

Paediatric macular holes are rare and typically are secondary to trauma. We report a case where a child developed an idiopathic, macular hole.

Case report

An 8-year-old girl presented with blurred vision in her left eye. She had a history of amblyopia treatment at the age of 6 (resulting acuity right 6/6, left 6/9). Her birth, medical, drug, and family history were unremarkable. There was no history of trauma.

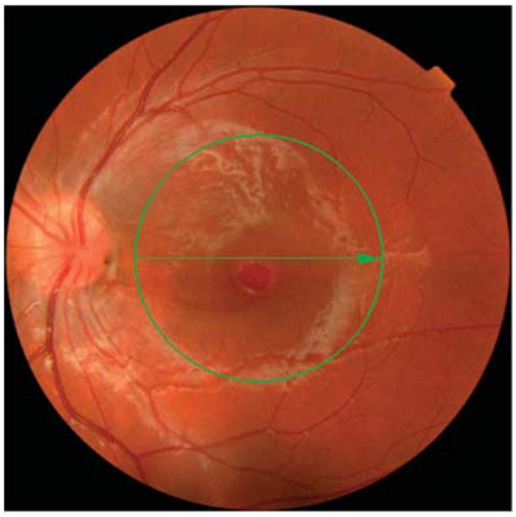

Figure 1 Left eye macular hole in a child, with no history of trauma and no other ocular pathology.

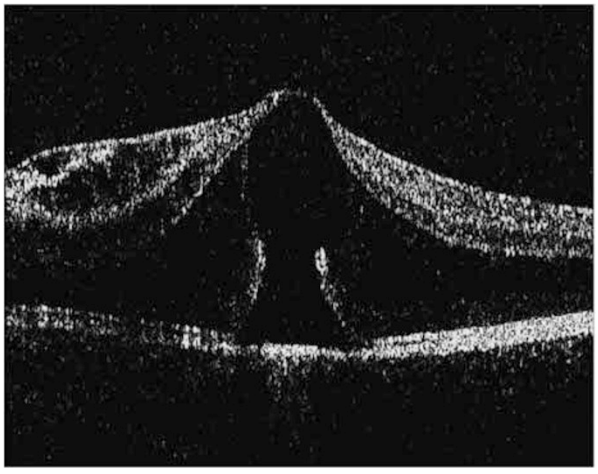

Figure 2 OCT of the left fovea showing a hole of outer retinal layers, but intact inner retinal layer (Stage I macular hole, when defined according to Gass).

Acuity was right 6/6 and left 6/12. Ocular examination was normal except for the appearance of the left fundus consistent with a macular hole (Figure 1). There was no evidence of posterior vitreous detachment (PVD), uveitis, trauma, fibrous membrane, macular oedema, or optic nerve pit. Optical coherence tomography (OCT) showed a hole in the outer retinal layers, but with an intact inner retinal layer (no oedema or detachment) (Figure 2). By Gass definition this is a stage I macular hole (or impending macular hole).

The OCT does not reveal any tangential traction, suggesting that the responsible traction could be anterio-posterior. It was hoped that relief of such traction would occur spontaneously with a PVD as is often the case in

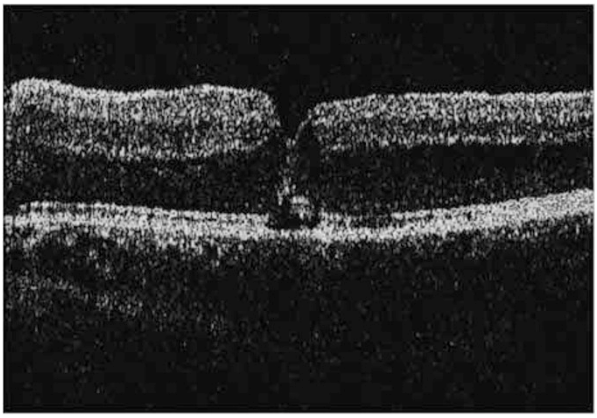

Figure 3 Six months following surgery, OCT of the left eye shows return towards normality.

adults. With further observation, vision deteriorated to 6/24. Surgery was considered, as acuity was worsening, amblyopia was probably developing, and spontaneous regression via PVD in a child was theoretically less likely than that which often occurs in adults. Her macular hole was treated by pars plana vitrectomy, internal limiting membrane peel, and 10% gas (C3F8) followed by 2 weeks of posturing face down.

Vision improved to acuity 6/12 six months following vitrectomy. Fundoscopy showed mild retinal pigment epithelial change and closure of the macular hole (confirmed by OCT—Figure 3). Three years later, vision remains good.

Comment

Macular holes in children are rare. All the documented cases report trauma as the underlying cause, except for a case by Nakano *et al*,[1] where the macular hole was associated with a shallow detachment attached to a peri-papillary membrane (potentially a Bergmeister papilla remnant).

This is the first published case of a paediatric, macular hole that appears truly idiopathic, given the absence of trauma and other ocular anomalies.

Conflict of interest

The authors declare no conflict of interest.

Acknowledgements

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Reference

1 Nakano T, Uemura A, Kanda S, Sakamoto T. A nontraumatic macular hole in a 10-year-old girl. *Jpn J Ophthalmol* 2005; **49**: 520–522.

JC Park and KN Frimpong-Ansah

Plymouth Royal Eye Infirmary, Plymouth, Devon, UK
E-mail: jonathanpark@nhs.net

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