Case report

A 66-year-old man diagnosed with ODP was examined with an SS-OCT instrument (DRI OCT-1, Topcon, Tokyo, Japan). The patient had visual disturbances in his left eye, and his best-corrected visual acuity was 1.2 OD and 0.7 OS. The intraocular pressure was 14 mm Hg OU. Slit-lamp examination of both eyes and fundus examination of the right eye were unremarkable. Fundus examination of the left eye showed an ODP with macular retinoschisis (Figure 1). SS-OCT clearly delineated the SAS and its direct communication with the vitreous cavity (Figure 2). The opening in the optic disc became clearly visible by a three-dimensional OCT reconstruction. Perimetry showed no glaucomatous visual field defects. Brain and orbital magnetic resonance imagings were normal.

Comment

In our case, the macular retinoschisis was most likely the cause of the visual impairment. The schisis formation is the initial step in the evolution of serous retinal detachments associated with ODPs.[2,3] Krivoy *et al*[2] suggested that the ODP acts as a conduit for fluid flow between the SAS and the schisis cavity or subretinal space. In our case, SS-OCT delineated a thin line of fluid in the disc that was presumably connected to the SAS.

Ohno-Matsui *et al*[1] reported that SAS could be seen by SS-OCT in 93.2% of highly myopic eyes. They described that an SAS was seen as a hyporeflective space around the optic nerve. In one myopic patient, there was a direct communication between the SAS and the vitreous cavity.[1]

In ODP, previous reports only inferred that there were direct communications among the SAS, vitreous cavity, and subretinal space.[3–5] Kuhn *et al*[5] reported a case of ODP in whom intravitreally injected silicone oil was detected intracranially indicating a communication between the SAS and the vitreous cavity. Our findings demonstrated a direct communication between the SAS and the vitreous cavity in an eye with an ODP.

Conflict of interest

The authors declare no conflict of interest.

References

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Sir,

Comment on 'Spontaneous haemorrhage in an eyelid hidrocystoma in a patient treated with clopidogrel'

We read with interest the article on 'Spontaneous haemorrhage in an eyelid hidrocystoma in a patient treated with clopidogrel' by Novitskaya *et al*.[1] We agree with the authors that eyelid apocrine hidrocystomas typically present as skin-colored, translucent lesions. However, our experience has shown that hemorrhagic hidrocystomas may be more common than previously reported, with or without a history of clopidogrel use. Here, we describe two cases of hemorrhagic apocrine hidrocystomas. Both of the hidrocystomas underwent excision and pathologic examination.

A 78-year-old male with a history of coronary artery disease on systemic clopidogrel and aspirin presented for evaluation for a non-painful, pigmented eyelid lesion. The patient was uncertain of the exact time of onset of the lesion, but felt that it was stable for the past 2 months. He denied any preceding trauma to the periocular tissue. Examination revealed a translucent dome-shaped cystic lesion along the left upper eyelid (Figure 1a). Detailed examination revealed a horizontal, linear demarcation suggestive of layered hemorrhage. Histological evaluation of the lesion revealed a cystic structure, consistent with apocrine hidrocystoma (Figure 1b). The lumen of the cyst contained degenerated erythrocytes and abundant hemosiderin-laden histiocytes, consistent with old hemorrhage.

A 59-year-old male with a history of dyspnea and allergic rhinitis on systemic aspirin presented for evaluation of a violaceous lesion on the upper eyelid. This lesion had been present for 4 years with recent growth in size. He denied any preceding trauma to the periocular tissue. Examination revealed a cystic, well-circumscribed, violaceous lesion superior to the right upper lid margin (Figure 1c). Histological evaluation of the lesion demonstrated a cystic lesion consistent with apocrine hidrocystoma (Figure 1d). The lumen of the cyst contained intact and

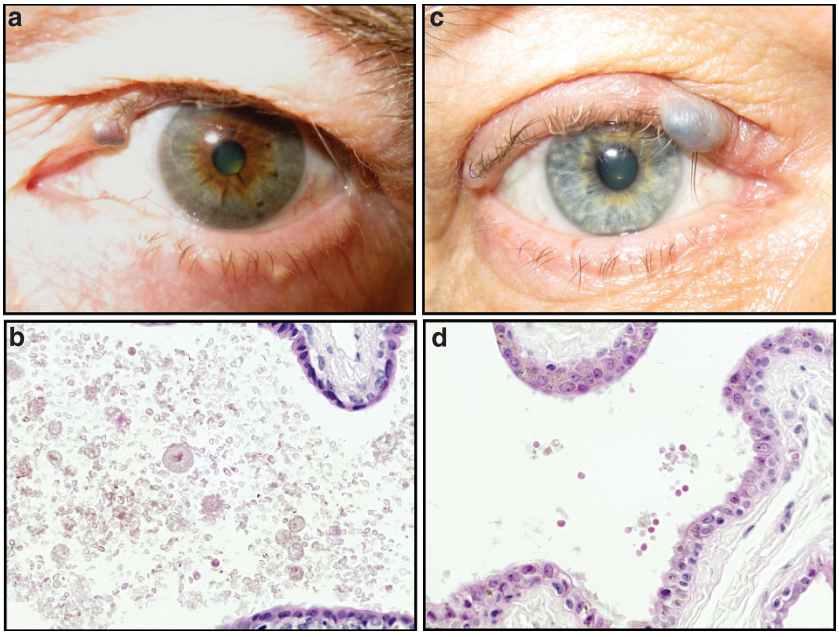

Figure 1 (a) Clinical appearance of the cystic lesion along the medial aspect of the left upper eyelid with a flesh-colored base and a deep purple hue at the apex. A horizontal, linear demarcation within the cyst was observed, representing layered hemorrhage. (b) Histologic analysis of the cyst in panel a demonstrated an inner layer of eosinophilic cuboidal to columnar epithelium showing focal decapitation type secretion, consistent with apocrine hidrocystoma, while the lumen contained abundant hemosiderin-laden histiocytes and degenerated erythrocytes. (c) Clinical appearance of the cystic lesion along the medial aspect of the right upper eyelid. (d) Histologic analysis of the cyst in panel c demonstrated eosinophilic columnar cells lining of the cystic lesion. The inner layer of columnar cells showed decapitation secretion, focal lipofuscin pigment deposition and focal ciliary processes, all consistent with apocrine hidrocystoma, while the cyst lumen contained degenerated and intact erythrocytes.

degenerated red blood cells consistent with recent and old hemorrhage, respectively.

We suggest that hemorrhagic apocrine hidrocystomas of the eyelid are more common than previously reported, and may be seen in the setting of minimal systemic anticoagulation, including aspirin use alone.

Conflict of interest

The authors declare no conflict of interest.

Acknowledgements

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Reference

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Sir,

'Spontaneous haemorrhage in an eyelid hidrocystoma in a patient treated with clopidogrel' by Tehrani *et al*

We thank Tehrani *et al*[1] for their interest in our article[2] and for sharing their experience of two cases of spontaneous hemorrhage in an apocrine hidrocystoma in patients on antiplatelet therapy.

We challenge their assertion that spontaneous bleeding within a hidrocystoma may occur even in the absence of clopidogrel use, because both of their patients were on clopidogrel, as in our case. Furthermore, they have provided no references to support that view. Although this is difficult to prove, we believe that the antiplatelet activity of clopidogrel contributed to the spontaneous bleeding within the hidrocystoma in our patient, as well as their two cases. However, the risk of spontaneous