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**Sir,
Myopic traction maculopathy**

I read with interest the recent article ‘Myopic foveoschisis: a clinical review’ by Gohil *et al.*¹

The review is an excellent summary of all literature on this interesting topic; nevertheless, one of the largest surgical case series is missing.

This paper was published by Panozzo and Mercanti in 2007, and describes 24 highly myopic eyes with myopic traction maculopathy (MTM) successfully treated by pars plana vitrectomy with epiretinal and ILM peeling.² Differently from other published series, the authors achieved complete retinal settling in 23 of 24 eyes without any gas tamponade in a mean time of 4.4 months.

This series is not only one of the largest series ever published, but it is also in my opinion to be mentioned because the surgical success obtained by simple peeling without tamponade strongly supports the hypothesis that MTM is mainly due to diffuse traction from epiretinal forces and from the non-elastic ILM stretched by the myopic bulb elongation and staphyloma.

Conflict of interest

The author declares no conflict of interest.

References

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**Sir,
Combination of peripheral laser photocoagulation with intravitreal bevacizumab in naïve eyes with macular edema secondary to CRVO: prospective randomized study**

Increased vascular endothelial growth factor (VEGF) production has been reported in central retinal vein occlusion (CRVO), which could be due to peripheral retinal

ischemia.¹ Panretinal laser photocoagulation (PLP) in peripheral retina has been shown to reduce the VEGF production.² Here, we report 1-year results of a prospective randomized single-masked trial comparing 1.25 mg intravitreal bevacizumab pro-re-nata (PRN) monotherapy and PRN therapy in combination with PLP at 1 month in treatment of naïve eyes with macular edema (ME) secondary to CRVO.

Naïve eyes with center-involving ME secondary to CRVO of <9 months duration, minimum central subfield thickness (CST) of 250 μ m on spectral domain optical coherence tomography, and best-corrected visual acuity of 24–73 letters were included. Subjects were randomized to either monotherapy or combination group. Through month 12, subjects were evaluated monthly and treated with intravitreal injections on a PRN basis as per predefined retreatment criteria. Seven field fluorescein angiography and electroretinography (ISCEV standards) were performed at baseline, month 6 and month 12. Wilcoxon signed-rank test was performed to evaluate changes in visual acuity and CST.

Twenty-two eyes of 21 consecutive subjects were enrolled. Baseline characteristics of both groups are shown as Table 1. Mean change in visual acuity in monotherapy and combination group at the last visit from baseline was 24.61 ($P=0.001$) and 25.49 ($P=0.001$) letters, respectively ($P=0.32$). Mean decrease in CST in monotherapy and combination group at the last visit from baseline was 515 \pm 202 ($P=0.0002$) and 642 \pm 224 ($P=0.0003$) microns, respectively ($P=0.3$) (Figure 1). Mean number of injections in monotherapy and combination group was 6.0 \pm 3.17 and 6.7 \pm 3.59, respectively ($P=0.33$). There was no significant difference in b/a ratio on ERG between two groups.

Spaide³ reported outcome of 10 eyes, which underwent peripheral laser photocoagulation during the treatment with ranibizumab. He reported no difference in the number of injections (3.4 *vs* 3.1) 6 months before and after peripheral laser photocoagulation. Similar to our results, RETAIN and RELATE trials also reported no benefits of PLP.^{4,5}

In conclusion, early PLP in eyes with CRVO neither shows additional benefits on functional outcome nor to reduce the number of injections during the 1-year follow-up.

Table 1 Baseline characteristics of study groups

Characteristics	Monotherapy group	Combination group
Number of eyes	12	11
Mean age (years)	52.46 \pm 14.5	45.9 \pm 8.1
Mean duration of symptoms (months)	2.7 \pm 3.4	1.37 \pm 1.3
BCVA in ETDRS letters	39.2 \pm 17.05	32.9 \pm 14.99
Mean intraocular pressure (mmHg)	13.9 \pm 3.5	13.9 \pm 2.8
Mean baseline CST (microns)	829 \pm 332	870 \pm 295
Photopic 3.0 ERG (b/a ratio)	2.6	2.47
Photopic 3.0 flicker (b/a ratio)	2.58	2.4
Scotopic 3.0 ERG (b/a ratio)	2.53	2.42

Abbreviations: BCVA, best-corrected visual acuity; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study.