Sir,
The platelet glycoprotein Ia/IIa gene polymorphism C807T/C873A: a novel risk factor for retinal vein occlusion

I read with interest the paper by Dodson *et al.*¹ They provide further insight into the molecular basis for retinal vein occlusion (RVO). However, I would like to make a couple of points; firstly, they offer no information on the racial distribution of the patient groups, as the genotypic difference between them may reflect a different racial make-up. It is well known that allele frequencies for particular loci between different races may not be similar.

Secondly, in the discussion, they raise the issue of patients with recurrent RVOs. It is entirely conceivable that patients suffering recurrent RVOs may do so despite being on an aspirin therapy as a result of aspirin resistance. There is mounting evidence that resistance to aspirin is genetically influenced.² Interestingly, however, the GP IA/IIA locus appears not to play a role in determining this phenotype.³ The GPIIA/IIIB gene locus that has two allelic variants (PIA1, PIA2) has been shown to determine patients' response to aspirin.³ This locus, although not critical in the pathogenesis of RVO,⁴ may still determine the incidence of recurrent RVO in patients on aspirin. This may also explain as to why patients who suffer from RVO have a higher incidence of myocardial infarction and stroke despite treatment with aspirin.⁵

References

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Sir,
Rapid progression of diabetic retinopathy following endophthalmitis

After an episode of endophthalmitis, an eye with pre-existing diabetic retinopathy may experience rapid, asymmetrical progression in the severity of the retinopathy compared to the other (noninfected) eye.^{1,2} Most of the previously reported cases had a history of diabetes mellitus of 12 years or more.^{1,2} We report a similar occurrence in a patient with a much shorter (4-year) duration of diabetes.

Case report

A 53-year-old Chinese female diabetic with concurrent hypertension and ischaemic heart disease developed severe nonproliferative diabetic retinopathy (NPDR) and maculopathy in both eyes within 3 years of diagnosis of diabetes mellitus (Figure 1) and required repeated laser photocoagulation to both eyes.

Figure 1 Colour fundus photograph of the right eye prior to the endophthalmitis showing nonproliferative diabetic retinopathy and maculopathy.