

In most cases, MPNSTs present late with symptoms of enlarging mass and pain.^{2,7} Our patient was fortunate that by presenting with a Horner's syndrome, further investigation resulted in the early diagnosis of MPNST. The subsequent prompt management of the MPNST will hopefully lead to a more favourable outcome in our patient.

References

- 1 Horner F. Über eine form von ptosis. *Klin Monatsbl Augenheilkd* 1869; **7**: 193–198.
- 2 Neurofibromatosis. Conference statement. National Institutes of Health Consensus Development Conference. *Arch Neurol* 1988; **45**: 575–578.
- 3 Maloney WF, Younge BR, Moyer NJ. Evaluation of the causes and accuracy of pharmacologic localization in Horner's syndrome. *Am J Ophthalmol* 1980; **90**(3): 394–402.
- 4 Thompson H, Maxner C, Corbett J. Horner's syndrome due to damage to the preganglionic neuron of the oculosympathetic pathway. In: Huber A (ed). *Sympathicus und Auge*. Ferdinand Enke: Stuttgart, 1990, pp. 99–104.
- 5 Bilgic B, Ates LE, Demiryont M, Ozger H, Dizdar Y. Malignant peripheral nerve sheath tumors associated with neurofibromatosis type 1. *Pathol Oncol Res* 2003; **9**(3): 201–205, (Epub October 15, 2003).
- 6 Kourea HP, Bilsky MH, Leung DH, Lewis JJ, Woodruff JM. Subdiaphragmatic and intrathoracic paraspinal malignant peripheral nerve sheath tumors: a clinicopathologic study of 25 patients and 26 tumors. *Cancer* 1998; **82**: 2191–2202.
- 7 Baehring JM, Betensky RA, Batchelor TT. Malignant peripheral nerve sheath tumor: The clinical spectrum and outcome of treatment. *Neurology* 2003; **61**(5): 696–698.

P Cackett, J Vallance and H Bennett

Princess Alexandra Eye Pavilion
Chalmers Street, Edinburgh EH3 9HA, UK

Correspondence: P Cackett
Tel: +44 0131 536 1674
Fax: +44 0131 536 1574
E-mail: pete@pdcackett.demon.co.uk

Eye (2004) **19**, 351–353. doi:10.1038/sj.eye.6701478
Published online 23 July 2004

quantifying agreement using the Bland–Altman graphical method.¹ In our paper we elected to use analogue measurements on the horizontal axis as this was regarded as the gold standard.² Re-plotting the graph using an average of analogue and digital on the horizontal axis did not make any difference to the limits of agreement.

We found that the limits of agreement for distance up to 5 mm were clinically acceptable, but we do accept that there appears to be a linear relationship between amount of disagreement and magnitude of distance measured. We are grateful to the authors for pointing this out, and would suspect that the most likely source of this bias might be the actual screen size (number of pixels) setting on the computer monitor. This would explain the similar gradient seen in group 1 and group 2 plots. We will conduct further studies to evaluate the influence of screen size setting as a confounding factor.

References

- 1 Bland JM, Altman DG. Statistical methods for assessing agreement between two methods of clinical measurement. *Lancet* 1986; **1**(8476): 307–310.
- 2 Musadiq M, Patsoura E, Hughes S, Yang YC. Measurements of linear dimensions on fundus photographs: comparison between photographic film and digital systems. *Eye* 2003; **17**(5): 619–622.

M Musadiq and YC Yang

Wolverhampton Eye Infirmary
Compton Road Wolverhampton
WV3 9QR, UK

Correspondence: M Musadiq
Tel: +44 1902 645023
Fax: +44 1902 645018
E-mail: mmusadiq@hotmail.com

Eye (2005) **19**, 353. doi:10.1038/sj.eye.6701486
Published online 23 July 2004

Sir,
Reply

The authors of the letter made several points regarding the validity of our results. We agree that a correlation coefficient plot does not necessarily exclude systematic bias or disagreement between measurements obtained by the two methods being evaluated. This is the reason for

Sir,
Hemiretinal vein occlusion associated with pseudotumour orbit: an observational case report

Pseudotumour orbit is a condition of idiopathic nonspecific orbital inflammation with associated retinal changes such as papilloedema, papillitis, choroiditis, and