

changes induced by PRP, although the potential risks associated with administration of intraocular corticosteroids (such as IOP elevation, cataract, and endophthalmitis) must be considered.

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Sir, Asymptomatic bilateral simultaneous rhegmatogenous retinal detachments

We read with interest the case report 'Bilateral rhegmatogenous detachment secondary to retinal dialyses associated with multiple retinal breaks' by M Singh *et al*.¹ We agree that simultaneous bilateral rhegmatogenous detachments are uncommon as this accounts for 1.18–2.5% of all retinal detachments.^{2,3} Retinal dialyses is the cause of the detachment in 10% of cases and is usually unilateral.⁴ Bilateral retinal dialysis occurs in 3.5–7.7% of cases and bilateral inferotemporal dialysis in 1.5–5.6% of the total cases.^{5,6} We would like to report a similar case of bilateral retinal detachments with retinal dialyses, which was asymptomatic and had intraretinal macrocysts bilaterally.

Case report

An asymptomatic 52-year-old Caucasian lady was seen in the eye clinic (she was forced to come to eye clinic by her daughter who had noticed she was not seeing well). Her visual acuities were perception of light in the right eye and 1/60 in the left. Ocular examination showed (Figure 1) a white cataract in the right and a macula-off retinal detachment with inferolateral retinal dialyses, demarcation line, and intraretinal macrocyst in the left eye. No history of trauma could be elicited from the patient. B-scan ultrasonography (Figure 2) confirmed retinal detachment and intraretinal macrocysts in both eyes. She has been placed on the

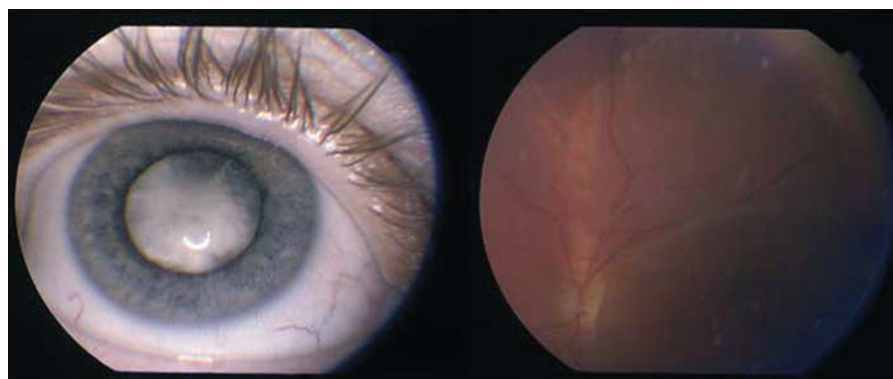


Figure 1 White cataract in right eye and chronic retinal detachment in left eye.

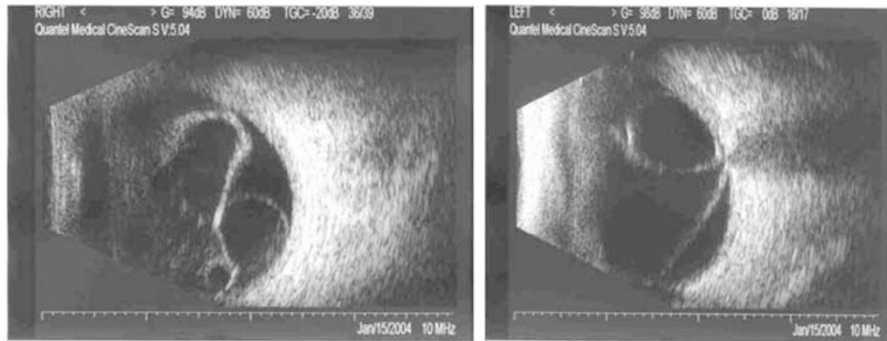


Figure 2 B scan ultrasonography showing bilateral retinal detachments and intraretinal macrocysts.

waiting list for left retinal detachment surgery with guarded prognosis.

Discussion

Intraretinal macrocysts can occur in long-standing retinal detachments. They are seen in 3% of detachments, usually of at least a month duration.⁷ In total, 53% of cases occur in inferotemporal dialysis, as these are slowly progressive and diagnosed late.⁷ Chronic detachments undergo photoreceptor atrophy due to the loss of their choroidal blood supply. Cystic degenerative changes occur in the outer plexiform layer of the retina, which results in macrocyst formation.

These retinal macrocysts are schistic cavities between 3 and 6 mm in diameter in detached retina, usually located in the equator. They may be solitary or multiple. They differ from foveal cysts, in which the intraretinal splitting results in cystoid spaces and these are usually associated with tangential vitreal traction and may develop into a macular hole.⁸ They differ from retinoschisis as they do not have inner or outer leaf breaks or white flecks. Haemorrhagic retinal cysts have been described in Advanced Coats disease.⁹

Intraretinal macrocysts, demarcation lines, retinal thinning, subretinal fibrosis, and lack of retinal mobility are all signs of a long-standing retinal detachment. The intraretinal macrocysts do not require specific treatment and resolve spontaneously after successful retinal reattachment surgery. In total, 60% resolve within the first 3 days of surgery and 100% within a month.

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Sir,
Reply to BB Patil et al

Many thanks for bringing to my attention this interesting case by Patil *et al*.

The author has described that there was no history of trauma but despite a negative history, signs of ocular trauma have been observed in similar cases, which is worth looking at ocular examination. In total, 6% of patients with inferotemporal dialysis with no history of trauma were found to have signs of preceding trauma.¹

Did this patient have any associated refractive error? As we are aware simultaneous bilateral retinal