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Proprietary interest: none

The authors received no financial support

Eye (2006) **20**, 1444–1446. doi:10.1038/sj.eye.6702308;
published online 3 March 2006

Sir,
Hemiretinal arterial supply by the cilioretinal artery

We read this report with interest.¹ However, we feel that the evidence that the arteriole in question is a cilioretinal artery, as opposed to an early posterior bifurcation of the central retinal artery, is not convincing.

The claim that in the early venous phase of the FFA, the dye appears faded in the upper arteriole, whereas still bright in the lower arteriole, is not sufficient evidence to support a diagnosis of a cilioretinal artery. If the dye had entered the superior arteriole earlier than the inferior, one would expect to see the superior venous filling to be at a later stage than the inferior. On the contrary, the published frame shows symmetrical lamellar flow in both the superior and inferior retinal venous circulation, suggesting that the dye entered their feeding arterioles at the same time.

An earlier frame, were it to show simultaneous filling of this arteriole and the choroid in the absence of filling of the inferior arteriole, would be conclusive, but was presumably not available.

Reference

- 1 Lewis AM, Mireskandari K. Hemiretinal arterial supply by the cilioretinal artery. *Eye* 2005; **19**(11): 1239–1240.

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Eye (2006) **20**, 1446. doi:10.1038/sj.eye.6702310;
published online 10 March 2006

Sir,
Hemiretinal arterial supply by the cilioretinal artery

Skarmoutsos and Kyle have made a good point regarding the comparison of the superior and inferior venous filling in this case. The venous filling does appear to be at the same stage in the upper and lower systems. There is trilaminar flow just visible at both of the first main bifurcations of the superior and inferior hemiretinal veins. Trilaminar flow occurs at the junction of two veins with bilaminar flow, with the inner lamina of each vein joining to produce three laminae.¹ If this is a cilioretinal artery, it would have fluoresced along with the choroid 1–3 s before the central retinal artery, and in theory the venous stage would then start 1–3 s early in the superior venous system with more fluorescence present than in the picture shown.

The patient in this case had the FFA performed for unrelated reasons, and unfortunately this was the earliest frame available. Earlier frames of the fundus fluorescein angiogram would have been conclusive to identify this as a cilioretinal artery, and without these there is no definitive answer. The cilioretinal artery was an incidental finding, and we felt that it was inappropriate to repeat the FFA just for personal gain.

Reference

- 1 Johnson RN, Schatz H, McDonald HR, Ai E. Fluorescein angiography: Basic principles and interpretation. In: Ryan SJ (ed). *Retina*, 3rd edn, Mosby: Missouri, 2001, pp 875–942.

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