

Sir,  
**Retinal pigment epithelial tear following ranibizumab use**

Retinal pigment epithelium (RPE) tears are a major complication in patients with pigment epithelial detachments (PED) secondary to exudative age-related macular degeneration (ARMD).<sup>1</sup> They also occur following treatment of PEDs with photocoagulation, photodynamic therapy, and intraocular injections of bevacizumab (Avastin, Genentech) and pegaptanib sodium (Macugen, Eyetech Pharmaceutical).<sup>2</sup>

In this report, we describe a patient who developed an RPE tear following an intravitreal injection of ranibizumab (Lucentis, Genentech).

*Case report*

A 71-year-old man with ARMD had gradually decreased vision in his right eye. Best-corrected visual acuity (BCVA) was 20/50 in the right eye, and hand movements in the left eye. Three years earlier, he had been treated with photodynamic therapy (PDT) for exudative ARMD in his left eye and had subsequently developed a large disciform scar in that eye. Fundus evaluation,

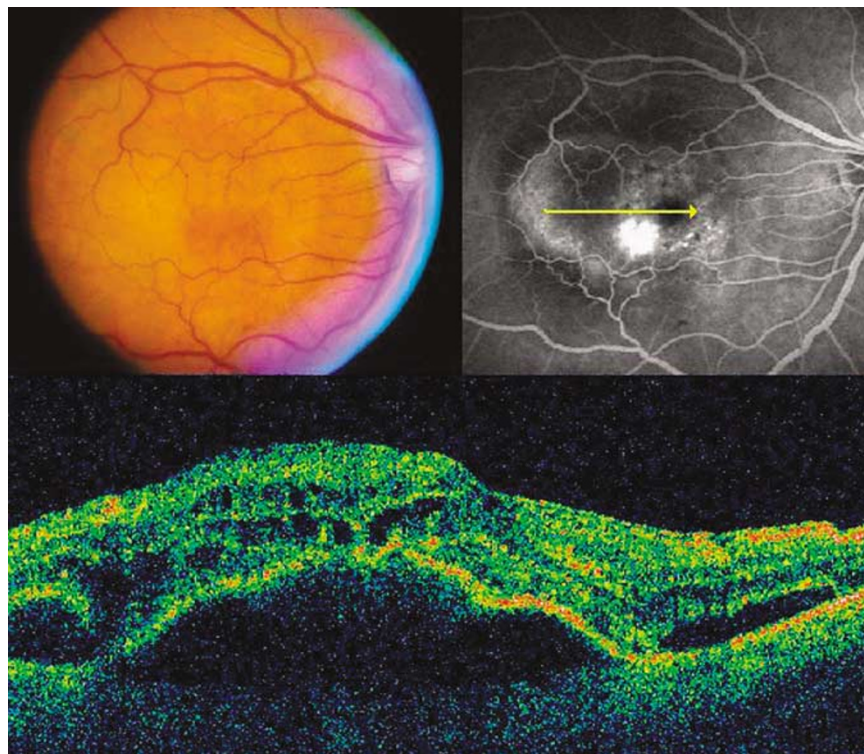
fluorescein angiography (FA), and optical coherence tomography (OCT) (Figure 1) now showed an occult choroidal neovascular membrane (CNV) with a fibrovascular PED in his right eye and a disciform scar in his left eye.

Three weeks after uneventful intravitreal injection of ranibizumab (0.5 mg), BCVA suddenly decreased to 20/60-2. Fundus evaluation including a repeat FA and OCT revealed a large RPE tear (Figure 2).

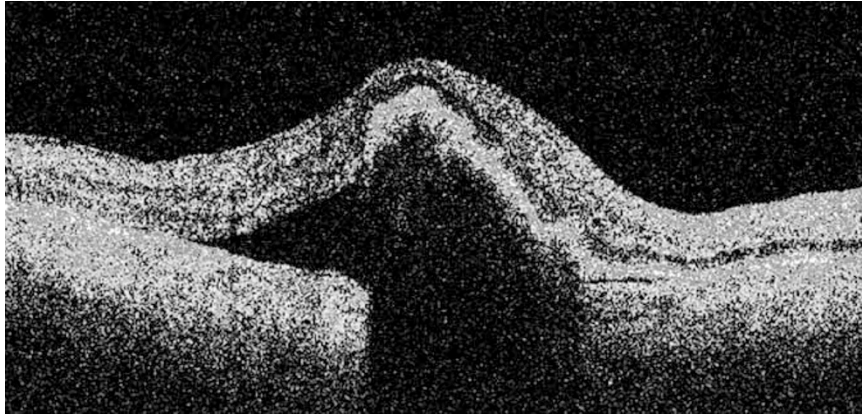
**Comment**

The development of an RPE tear associated with CNV may occur as a spontaneous process or as a result of the contractile forces of regressing choroidal vessels after laser, photodynamic therapy, or anti-vascular endothelial growth factor agents (VEGF) therapy. RPE tears after intravitreal injections of pegaptanib sodium<sup>3</sup> and bevacizumab<sup>4</sup> have been reported.

Expanding PEDs and those with nonhomogenous filling may represent high-risk lesions because they may eventually exert sufficient tangential stress to result in a spontaneous tear.<sup>5</sup> In retinal angiomatous proliferation (RAP), RPE tears are more common when the PED exceeds 50% of the lesion.<sup>6</sup>



**Figure 1** Colour fundus photograph, fluorescein angiography, and OCT showing occult choroidal neovascularization with a fibrovascular retinal PED under the fovea of the right eye before the intravitreal injection.



**Figure 2** Optical coherence tomography after the intravitreal injection showing the classical retraction of the RPE.

Visual recovery after RPE tear is uncommon but possible in some instances, especially when the fovea is spared and conserves the RPE.

RPE tears can also follow intravitreal injections of ranibizumab presumably for similar reasons as with the other anti-VEGF agents.

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## Sir, Non-Hodgkin's lymphoma presenting with nystagmus: an unusual case

Malignant lymphomas are primary neoplasms of lymphoid tissue derived from lymphocytes and occur as solid tumours usually within lymph nodes and less often in extranodal lymphoid tissues such as the tonsil, gastrointestinal tract, and spleen. Most of the patients with non-Hodgkin's lymphomas present with superficial lymph node enlargement, with or without systemic symptoms. Presentation with purely central nervous system symptoms in the absence of other systemic signs is extremely rare and to our knowledge there are only three previous reports of patients with lymphoma presenting with nystagmus.<sup>1–3</sup> We therefore report a further case in a patient who initially presented with nystagmus and ataxia and was subsequently diagnosed with non-Hodgkin's lymphoma.

## Case report

A 60-year-old male was referred to the ophthalmology department with a 6-month history of an intermittent vertical diplopia and oscillopsia. The diplopia usually occurred during close work and usually lasted several seconds. He had no history of vertigo, nausea, or vomiting, although he was noted to have an unsteady