

and cautioned that a larger series is needed before one can comment on the true incidence of ocular motility dysfunction following this complication. Therefore, it may be misleading to conclude that 'the migrating encircling band is not usually linked to ocular motility disturbance'. We suggest that it is important to consider migration of encircling elements in the differential diagnosis of diplopia in patients with previous scleral buckling procedures to ensure that important clinical signs are not overlooked in examination.

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Sir,
Eccentric macular hole formation associated with macular hole surgery

We read with interest the article by Polkinghorne and Roufail¹ on eccentric macular hole formation associated with macular hole surgery. From their series of four eyes, they described that the 'risk appears higher in eyes operated on by vitreoretinal fellows' and christened it the 'fellow eye syndrome,' which is a clever wordplay that hopefully is not derogatory or uncharitable. However, Rubinstein *et al*² in their seminal report of four patients stated that 'one experienced vitreoretinal surgeon performed all the operations (RB)'. Likewise in our experience with two patients, the development of eccentric macular hole did not occur in the hands of fellows, but in the hands of a more experienced vitreoretina fellowship-trained surgeon (KGAE). Incidentally, one of our two patients was also a myope with associated myopic chorioretinal degeneration who developed multiple eccentric macular holes after undergoing standard pars plana vitrectomy and internal limiting membrane peeling for macular hole.

Although we agree with the authors' suggestion that the eccentric macular hole probably results 'from excessive manipulation,' we believe that the culprit is not necessarily the direct iatrogenic insult alone. We concur with their opinion that 'outer retinal degenerative changes may increase the risk of eccentric macular hole formation.'¹ Concomitant predisposing degenerative weaknesses as in the presence of 'extensive drusen'¹ or myopic chorioretinal degeneration (as in our case) as well as weakening of the glial structure of the retina caused by decapitation of the Muller cells³ may also play a role in the development of eccentric macular hole.

References

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Sir,
Reply to Sangtam *et al*

We thank Sangtam *et al* for their useful comments on our observations regarding eccentric macular holes as a complication of macular surgery. In our letter, we described this phenomenon occurring subsequent to surgery for epiretinal membrane formation.¹

Rubinstein *et al*² first reported this complication in a series of patients who had undergone macular hole surgery. Our report suggested that other surgeries might also precipitate this outcome and identified three possible contributing factors, namely, excessive manipulation, outer retinal degenerative changes and experience of the surgeon.