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Sir,
Intravitreal bevacizumab (Avastin) for the treatment of bilateral acquired juxtafoveal retinal telangiectasis associated with choroidal neovascular membrane
We report the treatment of bilateral acquired juxtafoveal retinal telangiectasis¹ complicated with CNV, with

intravitreal delivery of drugs targeting vascular endothelial growth factor (VEGF).

Case report

The first case concerns a 52-year-old woman with bilateral acquired juxtafoveal retinal telangiectasis. Visual acuity (VA) in the right eye was 20/50 and 20/40 in the left eye, owing to macular oedema. Eleven months later, the patient developed a CNV in the right eye (Figure 1a and b). The patient was treated in the right eye with photodynamic therapy with Visudyne, followed by two intravitreal injections of 1.25 mg bevacizumab 4 and 8 weeks later. One month after the intravitreal injections, the CNV had regressed on fluorescein angiography (FA) (Figure 1c and d), macular oedema had decreased, and VA remained stable at 20/50.

The second case concerns a 62-year-old man who presented with bilateral acquired juxtafoveal retinal telangiectasis, complicated with a CNV in the right eye. VA in the right eye was 20/60 and in the left eye 20/20. The right eye was treated with photodynamic therapy, resulting in an atrophic scar. Five years later however, the patient complained of a sudden decrease in VA of the left

Figure 1 For figure caption refer page 1434.

Figure 2 Midphase fluorescein angiography before any treatment, showing hyperfluorescence with leakage temporal to the fovea corresponding to the area of the parafoveal telangiectasis complicated with choroidal neovascular membrane (CNV). (b) Midphase fluorescein angiography after three intravitreal sessions of 1.25 mg of bevacizumab, showing hyperfluorescence but no leakage anymore of the former CNV. (c) Corresponding optical coherence tomography of the foveal area after treatment, showing a foveal depression without macular oedema.

Figure 1 (a) Fundus examination showing microaneurysmal and saccular dilation of the parafoveal capillaries, temporal to the fovea, and involving an area of less than one disc diameter, typical for bilateral acquired parafoveal retinal telangiectasis. Retinal oedema with two small areas of subretinal haemorrhages is associated in the area superiorly to the telangiectasis. (b) Midphase fluorescein angiography showing dilated ectatic perfoveal capillaries, and a distinct early hyperfluorescence with diffusion above this, designating the association of a CNV. Blocked fluorescence superiorly corresponds to the areas of subretinal haemorrhages owing to the CNV. (c) After one session of photodynamic therapy with Visudyne and two intravitreal injections with bevacizumab, fundus examination shows regression of the retinal oedema and of the subretinal haemorrhages superiorly. (d) Midphase fluorescein angiography still showing the dilated perfoveal capillaries, but regression of leakage of the CNV superiorly to it. For figure refer page 1433.

eye (20/30). FA showed a CNV with a pigment epithelium detachment temporal of the fovea. After 3 monthly intravitreal injections with 1.25 mg of bevacizumab, the CNV had regressed on FA, oedema had regressed on optical coherence tomography (Figure 2), and VA improved to 20/25.

Comment

Bilateral acquired juxtafoveal retinal telangiectasis is occasionally complicated with CNV, mostly localized subfoveally.² VEGF is a major key player for angiogenesis in the eye³ in several physiologic and pathologic conditions. Concerning anti-VEGF therapy in ocular disease, clinical trials with pegaptanib sodium and ranibizumab show a beneficial effect for all subtypes of CNV secondary to age-related macular degeneration and in pathological myopia. Preliminary results suggest that intravitreal delivery of anti-VEGF therapy combined with or without photodynamic therapy⁴ should be considered as one of the treatment options for CNV secondary to bilateral idiopathic acquired juxtafoveal telangiectasis, but long-term follow-up and larger series are needed.

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Sir,
Successful biologic treatment of ocular mucous membrane pemphigoid with anti-TNF- α
Ocular mucous membrane pemphigoid (MMP) is a rare and challenging condition due to lack of a comprehensive therapeutic evidence base. We describe successful treatment of severe ocular MMP with anti-tumour necrosis factor- α (TNF- α).

Case report

A 55-year-old gentleman, with transitional-cell bladder cancer 8 years previously, presented with bilateral