Comment

Atypical manifestations of retinoblastoma (presenting at older age, with unusual features such as pseudohypopyon, hyphaema, or vitreous haemorrhage) can pose diagnosis challenges. Retinoblastoma masquerading as Coats' disease has been described previously.¹ This case is unique because ultrasonography and fluorescein angiography strongly mimicked typical findings in Coats' disease, including lack of calcification, dilated telangiectatic vessels with leakage, and peripheral non-perfusion. Shields and Shields² have suggested that the calibre and distribution of retinal blood vessels can help distinguish Coats' from retinoblastoma. In this case, fluorescein angiography was misleading. It is important for ophthalmologists to maintain a high index of suspicion for retinoblastoma in all children with unusual ocular diseases in which the diagnosis is not clear.

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Sir,

Reply to Wong et al

Wong et al¹ claim to have reported the first case of non-tuberculous mycobacterium (NTM) infectious crystalline keratopathy in a 'non-traumatized' eye. However, their patient had suffered a dendritic ulcer 6 weeks before and had received topical steroids, two significant risk factors for NTM keratitis. Four cases of corneal ulcer in which NTM were isolated with no predisposing risk factors have been described previously.²

Wong et al¹ recommend the use of fourth generation fluoroquinolones as a first-line treatment for this

condition, although no *in vitro* sensitivity testing was demonstrated for the 0.3% gatifloxacin they used. *Mycobacterium abscessus* is the most resistant NTM, typically showing sensitivity only to clarithromycin, azithromycin, and amikacin, and cannot be distinguished from the closely related but less resistant *M. chelonae* in routine microbiological cultures.³ DNA sequencing of the suspected pathogen was not carried out in this case, and it is not clear whether repeat microbiological sampling was done when the keratopathy recurred. The true identity of the causative organism is therefore in doubt.

NTM are ubiquitous organisms whose pathogenesis is far from completely understood; a genetic variation in individual susceptibility to infections with these atypical mycobacteria has been described.⁴

References

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Sir,

Reply to D Shome et al

We read with great interest the article by D Shome et al, 'Ptosis caused by orbicularis myokymia and treated with botulinum toxin'.

We wish to raise the following points:

The patient did not have a ptosis but blepharospasm, resulting in a decrease in palpebral aperture size in the left eye compared to the right.

The fact that the left upper lid was relatively lower than the right would presumably be a function of increased left orbicularis oculi tone relative to the right.

Furthermore, comparing the two photographs Figure 1a and Figure 2, it would appear that the patient had been squinting, that is, the palpebral apertures on the right eye were also greater in Figure 2 compared to Figure 1a. The authors have not made any attempt to explain this. Was there in fact an element of right