photocoagulation as a treatment option. The result of submacular surgeries for choroidal neovascular membranes has been disappointing.[3]

In our patient, the CNV responded well over a 6-month period to the two injections of Avastin. The result suggests the use of intravitreal Avastin as monotherapy and merits further investigation for CNV complicating traumatic choroidal rupture.

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Sir,

Retinal pathology in the fellow eye of patients presenting with wet age-related macular degeneration in the index eye

Preliminary guidance from NICE recommended that Lucentis (ranibizumab) should only be used for second eyes, that is, when the visual acuity in the fellow eye is worse than 6/12.[1] Age-related macular degeneration (AMD) is the commonest cause of blindness in the western world in the over-50 group, with anti-VEGFs showing benefit in the slowing or prevention of visual loss.[2,3]

We recently established the proportion of patients presenting with pathology and visual impairment, deemed as a visual acuity worse than 6/12, in the fellow eye.

A retrospective case note review of 166 patients with wet AMD was performed. Parameters recorded include diagnosis in the fellow eye and visual acuity at presentation. Of those with bilateral wet AMD, the index eye was determined as the most recently referred eye.

Of the 166 patients, 99 (60%) were female and 67 (40%) male. Of these, 45 (27%) had no abnormality in the fellow eye at presentation. Therefore, 121 patients had fellow eye pathology. Of those with pathology, the majority (86/121, 71%) had dry AMD, and 26 patients (21%) had wet AMD. The remaining nine patients had amblyopia (4/121), myopic degeneration (4/121) or previous rhegmatogenous retinal detachment (1/121).

Fifty-six (34%) patients presented with a visual acuity worse than 6/12 in the fellow eye. The commonest condition associated with visual impairment was dry AMD (29/56, 48.3% of all impairment), comprising 34% of all cases of dry AMD. Wet AMD was the second commonest (19/56, 34%), comprising 73% of all cases of wet AMD.

Although the majority of patients had fellow eye pathology, a relatively small proportion presented with an associated visual impairment. The preliminary recommendations from NICE would have excluded over 60% of treatable lesions, that is, those with wet AMD and visual impairment in index eye, but no visual impairment in the fellow eye. Importantly, of the patients ineligible for treatment, 15% (16/110) developed CNV in the fellow eye while under the care of the macular clinic. We welcome the NICE final appraisal document, which recommends treatment for all treatable lesions with acuities worse than 6/12, regardless of fellow eye visual acuity.

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Sir,

Intravitreal ranibizumab for choroidal neovascularisation in serpiginous choroiditis

Serpiginous choroiditis is a rare idiopathic inflammatory disease affecting the retinal pigment epithelium, choriocapillaris, and inner choroids.[1] It is a progressive, insidious disease, usually bilateral and asymmetric. And when secondary choroidal neovascularisation (CNV) develops, visual loss is more prominent and prognosis is poor.[2] We report a case of CNV secondary to serpiginous choroiditis in which