visual acuity. None of our patients needed more than a short course of steroid drops. Although we do not know which other factors are causing the development of depigmentation of the iris, in none of our patients a concave iris has been the primary factor. Gonioscopy did not reveal pigmentation of the chambre angle. In addition, in pigment glaucoma the pattern of translucency of the iris differs from the pattern seen here, which is similar to the pattern in our patients. In any patient with iris translucency it is wise to evaluate the concavity of the iris by gonioscopy, but it is also possible that in this patient the subconjunctival steroid injection is one of the factors for developing glaucoma.

Conflict of interest

The author declares no conflict of interest.

References

- 1 Willermain F, Deflorenne C, Bouffieux C, Janssens X, Koch P, Caspers L. Ophthalmology CHU St-Pierre and Brugmann, Université Libre de Bruxelles: Belgium.
- 2 Wefers Bettink-Remeijer M, Brouwers K, van Langenhove L, De Waard PW, Missotten TO, Martinez Ciriano JP *et al*. Uveitis-like syndrome and iris transillumination after the use of oral moxifloxacin. *Eye* 2009; **23**: 2260–2262.

M Wefers Bettink-Remeijer

Department of Ophthalmology, Het
Oogziekenhuis Rotterdam, Rotterdam,
The Netherlands
E-mail: m.wefers@oogziekenhuis.nl

Eye (2010) **24**, 1419–1420; doi:10.1038/eye.2010.20;
published online 9 April 2010

Sir, Intravitreal ranibizumab for choroidal neovascularisation secondary to pathologic myopia: 12 month results

We read with interest the article 'Intravitreal ranibizumab for choroidal neovascularisation secondary to pathologic myopia: 12 month results'. We noted that the study group was very diverse with regard to age and incorporated people with myopia ranging from −5 to −18 D. We would like further clarification whether Monés *et al*¹ used refraction as the only assessment of myopia. We believe that some of the more elderly patients may have had a myopic shift related to lenticular changes. The axial length would have given further support to determine the true pathological myopia, and we are interested to know whether this was measured. The number of injections of ranibizumab is very low compared with that often reported for age-related macular degeneration and choroidal neovascularisation. For example, a recent study² on the frequency of injections needed stated 5.2 as the mean number of injections *vs* 1.52 in this article. Of interest is the finding by Ruiz-Moreno *et al*³ that three monthly injections was an appropriate regimen to manage choroidal neovascularisation, as disease activity in pathological myopia is sometimes difficult to predict in-between injections.

Conflict of interest

The authors declare no conflict of interest

References

- 1 Monés JM, Amselem L, Serrano A, Garcia M, Hijano M. Intravitreal ranibizumab for choroidal neovascularisation secondary to pathologic myopia: 12 month results. *Eye* 2010; **24**: 1420–1421 (this issue).
- 2 Dadgostar H, Ventura AA, Chung JY, Sharma S, Kaiser PK. Evaluation of injection frequency and visual acuity outcomes for ranibizumab monotherapy in exudative age-related macular degeneration. *Ophthalmology* 2009; **116**: 1740–1747.
- 3 Ruiz-Moreno JM, Gomez-Ulla F, Montero JA, Ares S, Lopez-Lopez F, Rodriguez M *et al*. Intravitreal bevacizumab to treat subfoveal choroidal neovascularisation in highly myopic eyes: short-term results. *Eye* 2007; **23**: 334–338.

R Rajendram, N Costa-Gomes and SE Horgan

Kingston Hospital, REU, Kingston Hospital,
Kingston-Upon-Thames, Surrey, UK
E-mail: rathie.rajendram@kingstonhospital.nhs.uk

Eye (2010) **24**, 1420; doi:10.1038/eye.2010.40;
published online 30 April 2010

Sir, Reply to Rajendram *et al*

We deeply appreciate the comments from Rajendram *et al*¹ regarding our article 'Intravitreal ranibizumab for choroidal neovascularisation secondary to pathologic myopia: 12 month results'.² We agree that myopia cannot be assessed accurately only with refraction. In some patients lenticular changes could contribute to a certain amount of myopia. Axial length was not used in this study. However, patients had to have retinal abnormalities consistent with pathological myopia (such as lacquer cracks, peripapillary atrophy, etc).

Regarding the frequency of injections, the main characteristic of myopic choroidal neovascularization in comparison with age-related macular degeneration is the very different dynamics of CNV progression. Myopic CNV is more likely to respond with less injections needed and with improvement in vision. As reported in this study, the loading phase does not seem to be necessary and could represent an overtreatment for many patients. The recurrence is unpredictable; some patients may never have it, while many patients may not have it for several months. This justifies the pro re nata regimen. Owing to the potential specific risk of myopic eyes, it seems advisable to reduce the number of injections as possible. We once again thank Rajendram *et al* for their interest and comments.

Conflict of interest

The authors declare no conflict of interest

References

- 1 Costa-Gomes N, Rajendram R, Horgan SE. Intravitreal ranibizumab for choroidal neovascularisation secondary to pathologic myopia: 12 month results (Correspondence). *Eye* 2010; **24**: 1420 (this issue).