

Figure 1 Upper left: preoperative fundus photography. No retinal nerve fiber layer defect in the perimacular area. Upper right: 12-months follow-up images after vitrectomy. Multiple dark round lesions in the superior temporal perimacular area. Lower left: well-demarcated DONFL (arrow) margin on OCT (vertical axis). Lower right: three-dimensional OCT mapping shows multiple round DONFLs, with a 'beaten bronze' cobblestone-like appearance, in the superior temporal perimacular area.

DONFLs with a 'beaten bronze' cobblestone-like appearance. DONFLs can, thus, present in various forms, including the cobblestones of our patients and the arcuate striae described in many reports.

Conflict of interest

The authors declare no conflict of interest.

References

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Sir,
Bevacizumab (Avastin) in central retinal vein occlusion

I read the article by Shah and Shah¹ with great interest. I congratulate the authors for evaluating the effects of early single intravitreal injection of bevacizumab followed by panretinal and macular grid photocoagulation laser in central retinal vein occlusion (CRVO) with macular oedema.

I would like to share my experience of single early intravitreal injection of bevacizumab in two cases of macular oedema secondary to central retinal vein occlusion. Both patients had only a single intravitreal injection of bevacizumab within a week of onset of symptoms, without the need for panretinal photocoagulation or macular grid lasers.

Case reports

Case 1

A 23-year old male presented with left eye CRVO and macular oedema and a visual acuity (VA) of 6/24. He received a single intravitreal injection of Avastin at 6 days after the onset of symptoms. He was seen 11 days later with VA of 6/6 and OCT showing resolution of macular oedema. Seventeen months later, his left VA remains 6/4.8 (unaided) and no macular oedema on OCT. He did not need any further intervention after the first injection.

Case 2

A 79-year old male presented with left CRVO with macular oedema and a VA of 2/60. He had neovascular glaucoma in the other eye secondary to CRVO. When seen 3 days after the onset of his symptoms in the left eye, he underwent an intravitreal injection of Avastin the same day. VA returned to 6/9 in 2 weeks. Twenty one months later, he still maintains a VA of 6/9 unaided and has no macular oedema on OCT.

Comment

Both patients did not need any further injections after the first one, nor did they receive extensive retinal lasers as was the case in the article by Shah and Shah.¹ I agree, larger studies are needed to substantiate the results, but until then it is best to treat on a case by case basis.

Conflict of interest

The author declares no conflict of interest.

Reference

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Sir,
Neurosensory retinal detachment due to sunitinib treatment

Sunitinib is an oral inhibitor of various tyrosine kinases as well as vascular endothelial growth factor receptors 1 to 3.^{1,2} Sunitinib is used to treat metastatic renal cell carcinoma (RCC). Here we describe, for the first time, a neurosensory retinal detachment due to sunitinib treatment.

Case report

A 52-year-old Caucasian man with metastatic RCC reported decreasing visual acuity in both eyes. He had been taking sunitinib 50 mg per day for 3 weeks.

Examination revealed an uncorrected visual acuity of 6/12 on both eyes and best-corrected visual acuity of 6/6 (+2.0). A widespread serous detachment of the retina was present in both eyes (Figures 1a and b). Optical coherence tomography (OCT) revealed a bilateral neurosensory retinal detachment and a diffuse oedema (Figures 1c and d). The treatment with sunitinib was discontinued. Two weeks later, the patient presented with an uncorrected visual acuity of 6/6 on both eyes. OCT showed a complete bilateral resolution of the neurosensory retinal detachment and retinal oedema (Figures 1e and f).

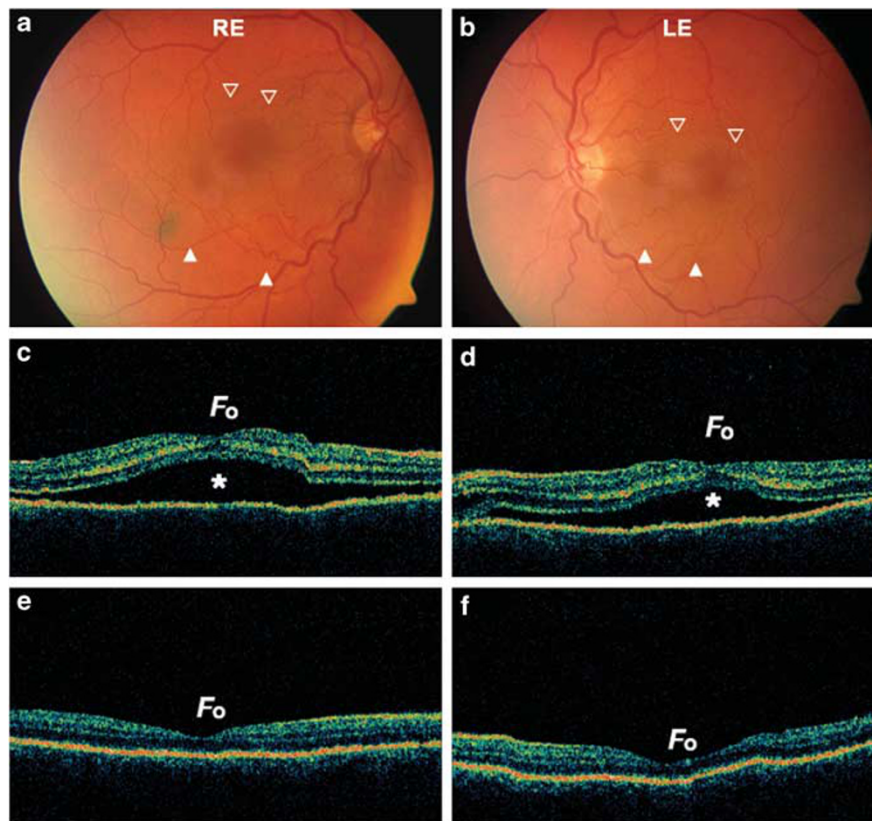


Figure 1 (a, b) Fundus photography at presentation, the extent of central serous retinopathy is marked, upper border (∇) and lower border (\blacktriangle). (c, d) Optical coherence tomography reveals a bilateral neurosensory (*) detachment and a diffuse oedema of all retinal layers on both eyes. (e, f) Optical coherence tomography shows a complete resolution of the neurosensory detachment and retinal oedema 2 weeks after discontinuation of sunitinib on both eyes. Fo, Fovea; RE, right eye; LE, left eye.