

Conflict of interest

The authors declare no conflict of interest.

References

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Sir,
Reply to ‘a case of African crystalline maculopathy’

We thank Drs A Dhital and M Mohamed¹ for their interest in our report² and for their stimulating comments.

The distribution of the crystals in our case exactly matches that described by Sarraf *et al*³ in their original series first describing West African crystalline maculopathy (WACM) in 2003. They describe the crystals as superficial, refractile, yellow or green in appearance, bilateral and asymmetric in distribution, and focally deposited within the fovea.

Two published reports to date have documented the location of the crystals using optical coherence tomography (OCT). The first revealed multiple discrete hyperreflective lesions in the innermost retinal layers in the region of the fovea (Figure 1).⁴ The second report visualized the crystals in the layer of Henle, the foveal portion of the outer plexiform layer of the retina

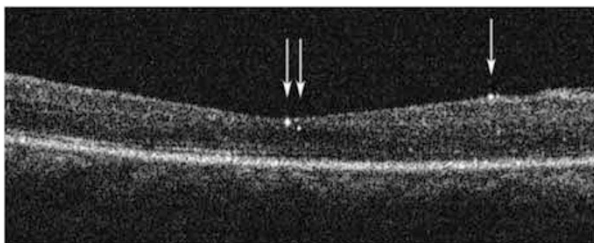


Figure 1 Optical coherence tomography of fovea of patient with WACM showing refractile crystals (arrows) in inner foveal layers, reproduced from Baker *et al*.⁴ Copyright 2009 Wolters Kluwer Health. All rights reserved.

(Figure 2).⁵ Similarly, our report localized the crystals to Henle’s layer in the fovea (Figure 3).² Given that the fovea lacks the inner retinal layers, the layer of Henle represents the innermost layer in the fovea, which explains the superficial location of the crystals.⁶ In the authors’ letter, the crystals appear to be located, at least in part, in Henle’s layer. However, their scan appears to be through a perifoveal location where the inner retinal layers are still present, which explains the deeper location of the crystals.

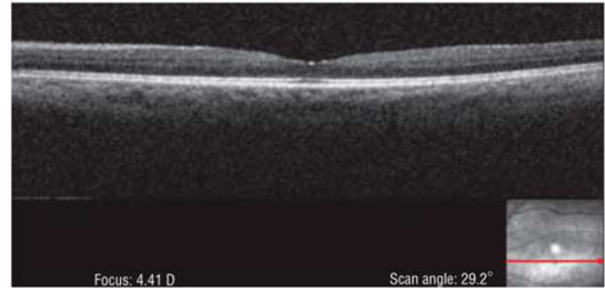


Figure 2 Optical coherence tomography of fovea of patient with WACM showing refractile crystals in inner foveal layers, reproduced from Rajak *et al*.⁵ Copyright 2009 American Medical Association. All rights reserved.

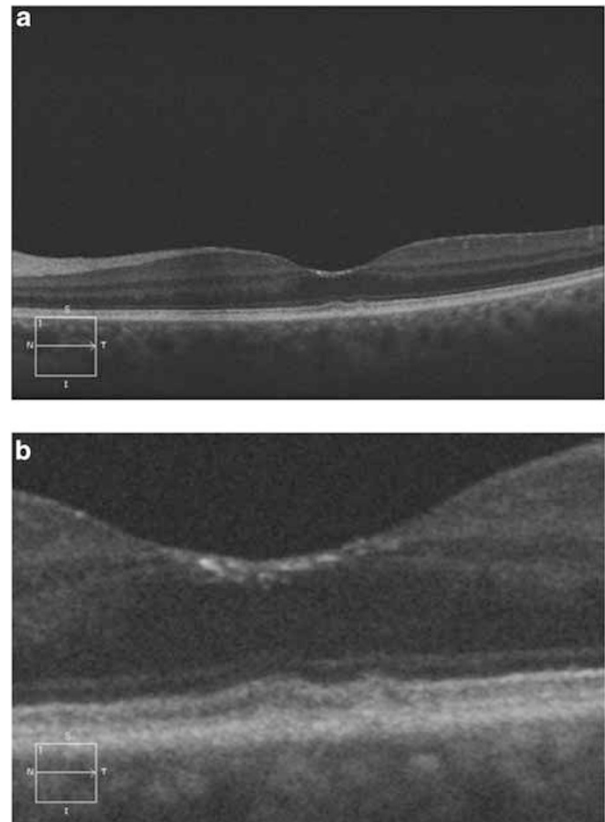


Figure 3 (a and b) Optical coherence tomography of fovea of patient with WACM showing refractile deposits in inner foveal layers, reproduced from our original article.²

Concurrent pathology affecting the blood–retinal barrier is not a consistent feature in the cases of WACM reported to date. In Sarraf *et al*'s³ original series first describing the disease, only 50% (three of the six) patients had diabetes.

Our report describes a similar phenotype in a North African patient from Egypt. In our opinion, this is a typical case of WACM, if not for the patient's distinct ethnic background. If confirmed in future studies, this report may help expand on the geographic origins of the disease and elucidate aetiological factors.

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Sir,

Retractable dog leashes: are they as safe as they seem?

Retractable dog leashes are commonly used around the world. We report a case of ocular trauma secondary to one such leash.

Case report

A 56-year-old woman was walking her greyhound restrained by a retractable dog leash at full length. The dog's attention was attracted by cars on a nearby road and he pulled forcefully at the leash. This caused a ring on the dog collar (attaching the leash to the collar via a metallic

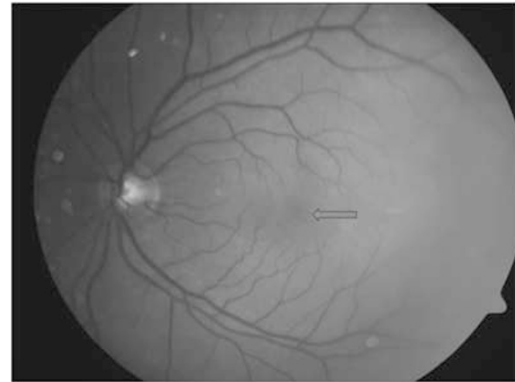


Figure 1 Left 'red free' fundal photograph demonstrating the circular outline of a full-thickness macular hole (arrow).

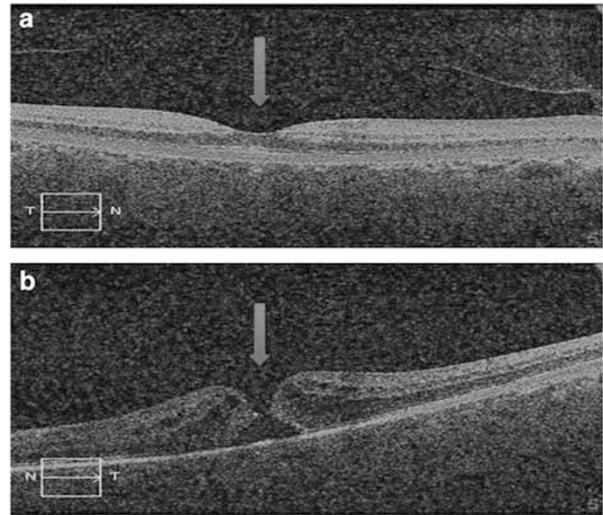


Figure 2 (a) Optical coherence tomography (OCT) of the right eye showing the normal foveal contour (arrow). (b) OCT of the left eye showing the full-thickness macular hole (arrow).

clip) to break, resulting in a recoil of the clip into the left eye with significant blunt trauma. Visual acuity at presentation was 6/60 in the left eye. Examination showed left phacodonesis, zonular rupture, vitreous prolapse into the anterior chamber, traumatic iridial dialysis, and cataract. Fundoscopy and optical coherence tomography revealed a full-thickness macular hole without vitreous separation (Figures 1 and 2). This required a phacolensectomy, vitrectomy, internal limiting membrane peel, and posterior chamber gas (C2F6) to treat. A secondary anterior chamber implant will be inserted in the future.

Comment

Ocular injuries secondary to usage of elasticated cords have been previously reported with good public awareness.^{1–3} Although retractable dog leashes are widely used because of their convenience, awareness about their ocular hazards remains low. Recently a US