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Sir,
Reply to Matonti *et al*

We thank Dr Matonti *et al*¹ for their interest in and comments on our recent article.² We agree that in our study we should have been waiting longer to definitely assess the effects of autologous plasmin enzyme (APE) in patients with vitreomacular traction syndrome. In fact, although we could not ascertain if a greater time gap could have influenced the rate of posterior vitreous detachment occurrence, as Dr Matonti *et al* correctly pointed out, we remarked that the single injection appeared as a useful tool in vitreoretinal surgery because of obtaining an easier-to-peel posterior hyaloid.³ However, as per our ethical committee-approved protocol (reported in the Methods section), and due to medico-legal reasons, we were allowed to perform just one single intravitreal injection for each study patient, with a 24-h waiting time before vitrectomy. This, together with the impossibility (per protocol) to re-inject patients with APE, should be acknowledged as the limitation of our study.

Conflict of interest

The authors declare no conflict of interest.

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Sir,
Accurate biometry in silicone oil-filled eyes

Kunavisarut *et al*¹ should be congratulated on their study 'Accuracy and reliability of IOL master and A-scan immersion biometry in silicone oil-filled eyes'.

This is an important work, given the difficulties that can be encountered in IOL power prediction in these cases. As stated by the authors, it is not always possible to obtain accurate axial length measurements in these eyes preoperatively and the use of data from the fellow eye can be inaccurate.

This paper compared the preoperative axial length measurements for IOL master and immersion ultrasound in oil-filled eyes with the measurement from the IOL master taken after removal of the oil. Accurate axial length measurement is a critical part of biometry in cataract surgery, as an error in this measurement is multiplied by a factor of around 2.5 in the process of intraocular lens power calculation.²

In this study, the authors used correlation coefficients to compare the axial length measurements obtained pre and post oil removal. Although the IOL master axial length measurements for silicone oil-filled eyes showed a high correlation with the postoperative axial length measurement (0.966), the postoperative refractive outcomes varied between -2.74 and $+2.33$ for this relatively small sample of eyes. As stated by Bland and Altman,³ the use of correlation coefficients to compare two different measurements of the same thing is problematic since even a very high correlation does not necessarily translate into useful clinical agreement.

The method described by Bland and Altman allows 95% limits of agreement to be calculated. To achieve this, the differences between the measured values are plotted against their means. This method may have better illustrated why there were clinically significant errors in the refractive outcomes for the IOL master, despite a high correlation between the axial length measurements and no statistically significant difference between the mean measurements taken pre and post oil removal.

Conflict of interest

The author declares no conflict of interest.

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Sir,
Reply to Richard Symes

We appreciate Symes¹ for his interest and comment in our article 'Accuracy and reliability of IOL master and A-scan immersion biometry in silicone oil-filled eyes'.² Regarding his comment, the axial length measurements for silicone oil-filled eyes using IOL master showed a high correlation with the postoperative axial length measurement, while the postoperative refractive outcomes varied. We illustrated the plot described by Bland and Altman³ (Figure 1) following his suggestion and found that few measurements were outside the 95% limits of agreement, resulting in a wide range of predictive

Figure 1 The plot described by Bland and Altman³ demonstrates that few measurements were outside the 95% limits of agreement, resulting in a wide range of predictive postoperative refractive error, while most measurements were in the range, resulting in high correlation (0.966) and a small mean predictive postoperative refractive error (0.60 ± 0.23 D).

postoperative refractive error (-2.74 to $+2.33$ D). But most measurements were in the range, resulting in high correlation (0.966) and a small mean predictive postoperative refractive error (0.60 ± 0.23 D).

Conflict of interest

The author declares no conflict of interest.

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Sir,
Disappearance of central confluent soft drusen following vitrectomy and ILM peeling

We report a long-term effective treatment for drusenoid pigment epithelial detachment.

Case report

A 66-year-old woman presented with central confluent drusen, incipient cataract OU, and macular hole OD (Figure 1). BCVA was 20/200 OD and 20/30 OS. The patient underwent macular hole surgery including cataract surgery, vitrectomy, posterior vitreous detachment (PVD), peeling of epiretinal membrane plus internal limiting membrane (ILM) after ICG staining, and gas tamponade. Before ILM staining with ICG, the macular hole was covered with a small PFCL-bubble to avoid any contact of ICG with the RPE. Postoperatively, the macular hole was closed and the confluent drusen almost completely disappeared. Only few small drusen were present 12 months after surgery (BCVA 20/60). Comparison of pre- and postoperative photographs suggests that these drusen were newly formed. The drusen in the untreated left eye increased in size. During the further course of >6 years (75 months, Figure 1) BCVA OD stabilized at 20/25. New drusen developed slowly in a ring-shaped pattern almost completely sparing the center. No signs of atrophy occurred. In contrast, OS developed CNV (BCVA 20/100).