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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).