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T Diago

Department of Ophthalmology, Unit of Macula,
Hospital Universitario de La Ribera, Alzira, Valencia,
Spain
E-mail: tediasem@gmail.com

Eye (2016) **30**, 637–639; doi:10.1038/eye.2015.283;
published online 22 January 2016

Sir,
**Intravitreal aflibercept for choroidal neovascularisation
in angioid streaks**

We thank Diago¹ for the interest shown in our recent article. We reported for the first time the use of intravitreal aflibercept as primary treatment for choroidal neovascularisation (CNV) in angioid streaks (AS) using a *pro re nata* regimen.² This approach, in which treatment is withheld unless there is CNV activity, has been the most widely adopted in this setting.^{3,4}

Treat and extend (T&E) is a treatment modality that aims to treat the CNV proactively, in order to find an optimal treatment interval, and has been more commonly used in the context of neovascular age-related macular degeneration (nAMD). While we find the T&E modality to be an interesting approach for AS-associated CNV, we agree with previous reports that the CNV in this context is closer to myopia-related CNV than nAMD-related CNV, and therefore may require fewer injections.⁴ Additionally, patients can be activity-free for several years, or develop new CNV lesions in a different location altogether, making it difficult to identify a specific pattern of recurrence.⁴ This could lead to overtreatment with subsequent increase of associated risks such as chorioretinal atrophy.⁵

Even though larger prospective trials are needed to elucidate on the best treatment protocol, they are difficult to arrange due to the rarity of the condition.

Conflict of interest

Dr Vaz-Pereira has received consultant fees from Bayer and Novartis and has received travel grants from Bayer, Novartis, Alcon, Allergan and Alimera Sciences. Dr Collaço has received travel grants from Bayer. Dr De Salvo has received travel grants from Bayer and Heidelberg Engineering. Dr van Zeller declares no conflict of interest.

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S Vaz-Pereira^{1,2,3}, L Collaço¹, G De Salvo⁴ and P van Zeller¹

¹Department of Ophthalmology, Clínica São João de Deus, Lisbon, Portugal

²Department of Ophthalmology, Hospital de Santa Maria, Lisbon, Portugal

³Department of Ophthalmology, Faculty of Medicine, University of Lisbon, Lisbon, Portugal

⁴Eye Unit, University Hospital Southampton NHS Foundation Trust, Southampton, UK
E-mail: saravazpereira@gmail.com

Eye (2016) **30**, 639; doi:10.1038/eye.2015.284;
published online 22 January 2016

Sir,
A rapidly emerging ocular zoonosis; *Dirofilaria repens*

Dirofilariasis—commonly caused by *Dirofilaria repens* and *D. immitis* and transmitted via mosquito bites—is a roundworm zoonosis that is emerging as a public health concern in Eastern and Southern Europe, Asia Minor, Central Asia, and Sri Lanka, possibly due to climatic changes.^{1,2} Until 1999, only a single case of dirofilariasis was reported from Turkey; however, the number of reported cases in Turkey increased to 22 between 1999 and 2011. Here we report three new cases of *D. repens* detected in Marmara Region of Turkey, which were witnessed in June 2013 with accompanying history of mosquito bites and lack of abroad travelling.

Case report

The first case—56-year-old female patient—suffered presumed viral conjunctivitis on both eyes since 3 weeks, for which she received symptomatic and topical steroid treatment. The infectious condition on her left eye got worse during last few days before her recent evaluation. Slit-lamp biomicroscopic examination revealed a new convoluted, translucent, 6 × 8 mm-sized, immobile, and subconjunctival larva (Figure 1). Second 31-year-old female patient presented with the complaint of stinging in her left eye; a superotemporal, 3 × 2-mm-sized, convoluted, translucent, and immobile subconjunctival larva was detected with accompanying episcleritis. The third 63-year-old male patient had admitted for routine