

Conflict of interest

The authors declare no conflict of interest.

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Sir,

Response to ‘Comment on ‘Comparison of subthreshold micropulse laser (577 nm) treatment and half-dose photodynamic therapy in patients with chronic central serous chorioretinopathy’’

In their comment, EHC van Dijk and CJF Boon address an important issue in our article, the high rate of patients without complete resolution of subretinal fluid (SRF) after therapy. As they state, the complete resolution of SRF should be the aim of any treatment for central serous chorioretinopathy (CSC) to restore the normal retinal architecture and to prevent long-term vision loss.¹

To achieve this goal, two important issues are still unclear. First, to find the best treatment for CSC. Randomized trials such as the PLACE trial² will further

help us to improve our understanding of CSC therapy. Second, to find the best time point for treatment. An early treatment might show the best results but it would mean overtreating all those patients with a high chance of spontaneous resolution of SRF. A later treatment on the other hand could mean that some patients would already have crossed the line with irreversible changes.

CSC is frequently still considered as a benign self-limiting disease, and therefore a treatment is often postponed until a permanent vision loss occurred. Our cohort contained a lot of patients with a long history of CSC, which could be responsible for the low-response rate in our study.³

It is very difficult to compare the results of different studies regarding the outcome of treatments for chronic CSC since there is no consent regarding the clinical definition of chronic CSC.⁴

So, apart from finding the best treatment for CSC, it is also very important to establish a classification for CSC and chronic CSC, which will help to find the right treatment time for the daily practice and allow the comparison of treatment outcome in different studies.

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