



CORRESPONDENCE

Response to: Comment on: “Peripapillary hyperreflective ovoid mass-like structures—a novel entity as frequent cause of pseudopapilloedema in children”

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should be performed to display the PHOMS and allow accurate follow-up.



TO THE EDITOR:

We would like to thank Dr. Vassallo for his nice comments about our paper on “Peripapillary hyperreflective ovoid mass-like structures (PHOMS)—a novel entity as frequent cause of pseudopapilloedema in children” [1]. We are willing to answer every single point he raised as follows:

All ultrasound images were taken in the same manner: The B-scan probe was held in a vertical position on the temporal part and the optic nerve was centred in the transverse image. As this is a dynamic imaging tool, we chose the scan which displayed the PHOMS in its maximal diameter. For the figures presented in the paper, we have chosen the most explicit scan in order to enlighten the readers of *Eye*.

Regarding the difference between a thickened hyaloid and PHOMS, we strongly believe that for an experienced specialist in the field, it is very uncommon to mix and match these conditions. The echographic appearance of a flat hyperechogenic structure located at the retinal level of the optic nerve, is typical for the existence of PHOMS. It is not seen in paediatric patients without PHOMS. Hence, this does not indicate the presence of a thickened hyaloid.

We recommend that after having ruled out true papilledema using ultrasound (i.e. excess optic nerve sheath fluid), EDI-OCT

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REFERENCE

1. Mezd-Koursh D, Klein A, Rosenblatt A, Teper Roth S, Neudorfer M, Loewenstein A, et al. Peripapillary hyperreflective ovoid mass-like structures—a novel entity as frequent cause of pseudopapilloedema in children. *Eye*. 2021;35:1228–34.

ADDITIONAL INFORMATION

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