

CORRESPONDENCE



Comment on: 'Retinal pigment epithelium apertures as a late complication of longstanding serous pigment epithelium detachments in chronic central serous chorioretinopathy'

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TO THE EDITOR:

Iovino et al. presented retinal pigment epithelium (RPE) apertures in the setting of chronic central serous chorioretinopathy (cCSC), documented and followed up with multimodal imaging [1]. They quoted a previous description of RPE apertures in neovascular age-related macular degeneration (nAMD) by Querques et al. [2], claiming precedence as the first description of this PED anomaly in CSC. We wish to put on record that we described this exact finding of attenuated RPE over an avascular PED much before either description of RPE apertures in cCSC or nAMD [3]. We were able to diagnose this unusual presentation by correlating an older version of optical coherence tomography (Stratus OCT, ver. 4.0.1; Carl Zeiss Meditec) picture with the striking fluorescein angiography (FA) pattern, although FA was highly suggestive of RPE rip in both our cases, unlike the authors' series. Indeed, we stopped short of naming the condition as RPE aperture. Our findings were validated by the authors with the benefit of swept-source OCT, and additional SLO-based imaging modalities like OCT angiography, autofluorescence imaging and indocyanine green angiography. Further, their long follow-up in a large number of cases has added to our understanding of this anomaly and its natural history [1]. We submit that such atypical diagnoses are possible without high-end OCT or advanced, expensive multimodal imaging, still not available with most ophthalmologists. The authors indeed agreed that OCT features were the key to diagnosis [1]. Finally, to add a rhetorical note of dissent: the loss of pigment from the epithelium lining of PED should probably be labelled as attenuation or thinning of RPE [3], and not RPE discontinuity [1], which appears to suggest an RPE rip.

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AUTHOR CONTRIBUTIONS

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COMPETING INTERESTS

The author declares no competing interests.

ADDITIONAL INFORMATION

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