

Comment on: Central retinal vein occlusion secondary to varicella-zoster retinal vasculitis in an immunocompetent individual during the COVID-19 pandemic - A case report

Dear Editor,

Recently there has been an upsurge in ocular involvement secondary to coronavirus, and a detailed literature review also supports the same. Varied ophthalmic manifestations like conjunctivitis, orbital cellulitis, graft rejection, anterior uveitis, panuveitis, optic neuritis, papilledema, and even central retinal vein occlusion (CRVO) and central retinal arterial occlusion (CRAO) have been well-documented in the COVID-19 positive patients.^[1] We read the interesting case report by Sarpangala *et al.*^[2] on CRVO secondary to varicella-zoster retinal vasculitis in an immunocompetent individual during the COVID-19 pandemic and must congratulate the authors for managing the patient with a good outcome. However, we have a few vital observations and suggestions to make for stimulating a conceptual discussion.

First, the authors have documented the case amidst the COVID-19 pandemic. But the case report is missing a negative history of COVID-19 symptoms. Did the patient undergo a COVID-19 screening in the form of a rapid antigen test (RAT) or reverse transcriptase- polymerase chain reaction (RT-PCR)? The authors performed RT-PCR of aqueous aspirate, but that is unlikely to reveal coronavirus. A conjunctival swab, nasal swab, and a RT-PCR would have been ideal. Hence, adding “during the COVID-19 pandemic” to the title probably was not warranted as the patient did not undergo severe acute respiratory syndrome (SARS) COVID-19 RT-PCR and it was unrelated to the case.

Second, the history of vaccination is significant in this case as there have been a lot of recent reports on CRVO following the COVID-19 vaccination.^[3] Moreover, the patient should have undergone an internist’s holistic, systemic evaluation, which

is extremely important amidst the COVID-19 pandemic. Did the authors perform a temperature check, a thorough systemic evaluation in the form of blood pressure assessment, and diabetes screening in this case, which could have hinted toward the COVID-19 infection? Serum homocysteine was also raised in this case which can be also be raised in COVID-19 patients. Hence, a complete coagulation profile should have been done to rule out the other possibilities.^[4]

Lastly, the authors have correctly mentioned that their patients denied any clinical symptoms or contact with an infected case to warrant the need for investigation of COVID-19. But since the patient is young, he can be an asymptomatic carrier of the COVID-19 infection. Hence, COVID-19 screening would have been valuable in this case. Walinjar *et al.*^[5] recently reported a case of CRVO in a COVID-19 patient, which was managed with a good outcome. Once again, we congratulate the authors for documenting this interesting case amidst the COVID-19 pandemic.

Acknowledgments

Aravind Eye Hospital and Post Graduate Institute of Ophthalmology, Pondicherry.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code:	Website: www.ijo.in
	DOI: 10.4103/ijo.IJO_2800_21

Cite this article as: Gurnani B, Kaur K. Comment on: Central retinal vein occlusion secondary to varicella-zoster retinal vasculitis in an immunocompetent individual during the COVID-19 pandemic - A case report. *Indian J Ophthalmol* 2022;70:704-5.

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