Comment on: "Case report of a secondary macular hole closure after intravitreal bevacizumab therapy in a patient with retinal pigment epithelial detachment"

Sir,

I read with interest the case report on the closure of a macular hole over a serous retinal pigment epithelial detachment (PED) with intravitreal bevacizumab.[1] I want to humbly discuss a few facts.

The role of anti-vascular endothelial growth factor (anti-VEGF) agents in serous PED without subretinal or intraretinal fluid or active choroidal neovascular membrane/idiopathic polypoidal choroidal vasculopathy may require further research. In the present case,[1] the shallow subretinal fluid at one margin of the macular hole could have been related to the macular hole itself or the mechanical effect of the high PED. In such a scenario, fundus fluorescein angiogram and indocyanine green angiogram would add significant scientific value and justification for the use of bevacizumab in this case, if they are available. Furthermore, we need to consider the fact that intravitreal anti-VEGF agents can cause retinal pigment epithelial tears[2] in cases of high serous PEDs. The rare but potentially blinding complications of intravitreal anti-VEGF agents such as endophthalmitis[3] and retinal detachment should be kept in mind. The goal of management with intravitreal bevacizumab in the presented case[1] may need elucidation. A history of systemic or local steroid use is also relevant in the presented case, as central serous chorioretinopathy, though unlikely in a 73 year old, needs to be ruled out.

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Conflicts of interest

There are no conflicts of interest.

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