Response to comments on: Optical coherence tomography angiography in epidemic retinitis

Dear Editor,

We thank the authors^[1] for critically analyzing our manuscript tilted "Retinal Neovascularization And Its Regression On Doxycycline In Epidemic Retinitis".^[2]

We would first like to clarify that the optical coherence tomography (OCTA) scans are en-face scans and not cross-sectional scans. These were chosen to depict the extent of retinal neovascularization (rNV) on a horizontal plane. We however agree that the cross-sectional optical coherence tomography (OCT) are at different levels. Those were used as a reference for segmentation. The regression of rNV is, however, better appreciated on an en-face OCTA scan. We would also like to add that no deep capillary plexus (DCP) or choriocapillaris slab were provided in the figure due to extensive artifacts and shadowing.

We also agree and would re-iterate that rNV in epidemic features is rare but not unknown or unreported.^[3] The case depicted here is of a young 22-year-old male where rNV was detected on OCTA. The patient did not have any other risk factors or features for microangiopathy making epidemic retinitis the most likely cause of rNV.

We agree with the authors that a fundus fluorescein angiography (FFA) would have provided extra information. However, being a retrospective report, this was not available. Also, the treatment criteria for epidemic retinitis is not clearly defined.

In conclusion, we believe that this report depicts a rare case of epidemic retinitis with rNV which regressed with doxycycline along with regression of retinitis.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship Nil.

Conflicts of interest

There are no conflicts of interest.

Subhakar Reddy, Komal Agarwal¹, Hitesh Agarwal, Amelia Janis¹

Department of Uvea, L V Prasad Eye Institute, ¹Smt Kanuri Santhamma Center for Vitreo-Retina Diseases, L V Prasad Eye Institute, Hyderabad, Telangana, India

Correspondence to: Dr. Komal Agarwal,

Smt. Kanuri Santhamma Centre for Vitreo-Retinal Diseases, L V Prasad Eye Institute, Banjara Hills, Hyderabad - 500 034, Telangana, India. E-mail: komal.agarwal.vr@gmail.com

References

- Sanjay S, Mahendradas P, Kawali A, Gadde SG. Comments on: Optical coherence tomography in epidemic retinitis. Indian J Ophthalmol 2021;69:181-2.
- Reddy S, Agarwal K, Agarwal H, Janis A. Retinal neovascularization and its regression on doxycycline in epidemic retinitis. Indian J Ophthalmol 2020;68:1950-1.
- 3. Kawali A, Mahendradas P, Mohan A, Mallavarapu M, Shetty B. Epidemic retinitis. Ocul Immunol Inflamm 2019;27:571-7.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website:
	www.ijo.in
	DOI: 10.4103/ijo.IJO_3033_20

Cite this article as: Reddy S, Agarwal K, Agarwal H, Janis A. Response to comments on: Optical coherence tomography angiography in epidemic retinitis. Indian J Ophthalmol 2021;69:182.

© 2020 Indian Journal of Ophthalmology | Published by Wolters Kluwer - Medknow