Response to comment on: A rare case of unilateral diffuse uveal melanocytic proliferation

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Sir,

We thank Dogra *et al*. for their keen interest and astute reading of our article.[1]

Like we mentioned in our report, the breast lesion was excised completely. Hence, monitoring the reduction in size of the breast lesion was not an option. The patient awaits a follow-up positron emission tomography scan as advised by the treating oncologist.

Every treatment for diffuse uveal melanocytic proliferation (DUMP) has to include concurrent treatment for primary malignancy. Hence, it is difficult to attribute the resolution of fluid to any of the proposed treatments for DUMP alone; be it steroids, plasmapheresis, and periocular or intravitreal treatment.[2]

Our case was a diagnostic dilemma in the beginning because there were choroidal elevations and extensive subretinal fluid, and the presentation was unilateral. Choroidal metastasis was an important differential. This was the reason we considered administering intravitreal bevacizumab (IVB) in the first place. It was a serendipitous discovery that IVB showed a reduction in fluid in this case (later diagnosed as DUMP because of its typical imaging features described in detail in our original article) along with symptomatic relief. Periocular steroid has also been used by another study group for DUMP with partial success. They had to repeat the injection after 5 months.[3]

It is unclear why DUMP has serous retinal detachments. Theories such as blood–retinal barrier breakdown (because of toxic or immunological products) and relative hypoxia because of hypermetabolic retinal pigment epithelium have been proposed. We hypothesize that similar to periocular steroids, bevacizumab helps ameliorate subretinal fluid due to its anti-permeability effects.[4,5] It will be interesting to see if more cases of DUMP get successfully treated with bevacizumab to confirm or refute our hypothesis.

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Conflicts of interest

There are no conflicts of interest.

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