

Amyloidosis of lacrimal gland: Authors' reply

Dear Editor,

We thank Kumar *et al.*^[1] for their interest in our article^[2] and the comments.

We do agree that cases reported from the series by Leibovitch *et al.*^[3] and Taban *et al.*^[4] were not included, and we also agree that the bilateral case reported by Cheng *et al.*^[5] was not included in the discussion. However, the case described by Knowles *et al.*^[6] was orbital amyloidosis, than mere lacrimal gland involvement.

We would like to clarify that the axial proptosis was 2 mm and 2 mm was the inferior displacement.

We do agree that debulking is essential. However, this

patient only had an incisional biopsy for diagnosis and opted to be under follow-up.

***Sowmya Raveendra Murthy¹, Kalpana Babu²,
Anitha Mahadevan³, Venkatesh C Prabhakaran^{1,2}***

¹Department of Orbit and Oculoplastic Surgery, Prabha Eye Clinic and Vittala International Institute of Ophthalmology, ²Department of Ophthalmic Pathology, Prabha Eye Clinic, ³Department of Neuropathology, NIMHANS, Bangalore, India

Correspondence to: Venkatesh C Prabhakaran, Department of Orbit and Oculoplastic Surgery, Prabha Eye Clinic and Vittala International Institute of Ophthalmology and Department of Ophthalmic Pathology, Prabha Eye Clinic, Bangalore, India.
E-mail: cpvenky@gmail.com

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