# **Letters to the Editor**

# Comments on: Corneal endothelium in unilateral Fuchs heterochromic iridocyclitis

### Dear Editor:

I have read with great interest the article by Sravani *et al.* on "Corneal endothelium in unilateral Fuchs heterochromic iridocyclitis". [11] The authors have rightly mentioned that the endothelial cell densities were reduced and mean cell area was increased significantly, when compared to normal eye of the same patient, as noted in several previous studies. In addition, they discussed that three patients out of 30 patients had guttae in corneal endothelium on clinical slit lamp examination and "drop out areas" corresponding to guttae were captured on the specular imaging. The formation of guttae was due a stress response of the corneal endothelium and noted that these changes were true guttae in the descemet membrane

I would like to add that these 'drop out changes' are nothing but intra and intercellular dark bodies, larger dark defects covering several endothelial cells and bright irregular patchy areas crossing cell borders. The larger dark defects with a brighter central portion and the irregular bright patches actually correspond to the central body of the keratic precipitate (KP) surrounded by numerous 'pseudopodia' like structures of the classic "stellate" KPs.<sup>[2]</sup> The smaller dark inter and intracellular dark bodies in the area surrounding keratic precipitates and these defects are centred by a hyperreflective deposits, which can be due to inflammatory cells or white blood cells on the endothelium surface.<sup>[3]</sup> This confirms the fact that these endothelial changes in Fuchs heterochromic iridocyclitis are similar to those observed in other types of anterior uveitis.

Also, as the most common presenting complaint in eyes with Fuchs heterochromic iridocyclitis is due to cataract, most patients undergo cataract surgery at some point of time. It would be more informative if we can compare the preoperative and postoperative specular examination images in such eyes. The increased intraocular anterior chamber currents or use of visco elastics during cataract surgery can dislodge these deposits from the endothelial surface. And this could lead to a better specular image without these 'drop out areas', postoperatively. It would be interesting to know in future prospective studies whether these deposits or 'drop out areas' reduce or disappear after a cataract surgery in these eyes.

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#### **Conflicts of interest**

There are no conflicts of interest.

## Arjun Srirampur

Department of Cataract and Refractive Surgery, Anand Eye Institute, Hyderabad, Telangana, India

Correspondence to: Dr. Arjun Srirampur,

Consultant, Cornea, Cataract and Refractive Surgery, Anand Eye Institute, Habsiguda, Hyderabad, Telangana - 500 007, India. E-mail: sarjuneye@gmail.com

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