

Authors' Reply

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Dear Editor,

We thank Dr. Shubhakaran and express our gratitude for his interest in our article.^[1] He has brought up several points of interest for our esteemed readers. The subject of vitreous hemorrhage in infectious conditions such as dengue^[2] or malaria^[3] is of immediate concern to developing countries in general and India in particular, where these diseases are endemic amongst children and require urgent attention. Often, the management of life threatening complications takes precedence over ocular problems, and once recovery is complete and unless the hemorrhage is bilateral, the child may or may not bring the visual impairment to the guardian's notice. Additionally, non-hemorrhagic complications of these infectious diseases are well known,^[4] and hence the treating pediatrician is urged to refer the child for a bedside ophthalmic examination. Finally, hypertensive retinopathy accounts for 1.7% of all pediatric vitreous hemorrhage cases,^[5] and as already stated, generally requires only control of systemic hypertension unless it is of sufficient severity and nonresolving to warrant early surgical intervention to avoid amblyopia in this population.

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Conflicts of Interest

There are no conflicts of interest.

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