optic neuropathy as the presenting manifestation of primary antiphospholipid syndrome (APS)" have stressed the importance of considering APS in the differential diagnosis of ischemic optic neuropathy, particularly when the etiology is uncertain. We appreciate author's effort and research work. Vitamine D deficiency[2] is common among APS patients and is associated with clinically defined thrombotic events. Hypovitaminosis D[3] probably may have a complex origin in APS and may be part of the mosaic of factors that contribute to autoimmunity, rather than a consequence of chronic disease and treatment. To conclude vitamine D deficiency (<10–20 ng/ml) and insufficiency (<30 ng/ml) should be corrected in all antiphospholipid antibody positive (aPL) patients[4] based on general population guidelines. The prognostic role of vitamine D deficiency and therapeutic value of supplementation (including the dosage and definition of treatment goals) in aPL positive patients should be clarified by prospective studies.

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Vitamin D supplementation in antiphospholipid syndrome patients

Sir,

Tugcu *et al*.[1] in their article titled "nonarteritic anterior ischemic