

Response to comment on “Case report of a secondary macular hole closure after intravitreal bevacizumab therapy in a patient with retinal pigment epithelial detachment”

Sir,

We thank you for the valuable comments.^[1] Fluorescein angiography (FAG) is indeed helpful in the diagnosis of exudative age-related macular degeneration, but in our opinion, FAG would not provide additional information about the point of interest which is the pathomechanism of either coexisting or secondarily developed macular hole.^[2] In fact, bevacizumab was chosen instead of the approved intravitreal vascular endothelial growth factor (VEGF) inhibitors since besides the retinal pigment epithelial detachment (PED), there was no intra- or sub-retinal fluid and thus no in-label indication was present at that time. Bevacizumab was therefore chosen as an off-label therapeutic attempt which at that time was affordable by the patient. It is correct that retinal pigment epithelial tears may occur in high PED spontaneously or under anti-VEGF-therapy; however, in this situation, it seemed a less invasive strategy to close the macular hole by reducing the stretching forces. In addition, vitrectomy probably would not have affected the height of PED and possibly reduced the efficacy period of further intravitreal drug therapies. We explicitly emphasize that the patient presented here was treated with an off-label medication and that an extensive informed consent was undertaken before therapy.^[2] Best regards.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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