

### Authors' reply

Dear Editor,

We appreciate the interest shown by the author in our article.<sup>[1]</sup>  
We agree to everything you have mentioned.

Polypoidal choroidal vasculopathy (PCV) has a remitting and relapsing course with a chronic tendency. Association of PCV with other conditions is not conclusive. PCVs with severe undetected thrombocytopenia in the presence of massive hemorrhage have been reported.<sup>[2]</sup> Some of the patients show arterial changes in the retina, which may represent a variant of the choroidal microaneurysm spectrum. PCV has also been associated with systemic hypertension,<sup>[3]</sup> sickle cell disease,<sup>[4]</sup> and radiation.<sup>[5]</sup> In our case, the patient had been diagnosed with hypertension and atherosclerosis 20 years ago. Hypertension accompanied with arteriosclerosis may increase the fragility of the choroidal vessels, making them more vulnerable to shearing forces.

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