

## Comments on: Optical coherence tomography in epidemic retinitis

Dear Editor,

We read with interest the article by Reddy *et al.*<sup>[1]</sup> We would like to seek a few clarifications regarding the same. Optical coherence tomography angiography (OCTA) done for the patient is not at the same level in all the 4 scans, few superior and few inferior to the disc. Fundus fluorescein angiography would add value to the diagnosis and future monitoring. OCTA 3 × 3 mm along the with deeper capillary plexus (DCP) would be more useful along with OCT although the present report wanted to highlight the neovascularisation (NVE). In our experience with OCTA in epidemic retinitis, we found that DCP showed profound capillary rarefaction when compared to the superficial plexus due to retinal involvement of the middle retinal layers. The choriocapillary slabs showed signal void areas which can be attributed to shadowing caused due to overlying retinitis patch similar to the case report by Shanmugam *et al.*<sup>[2]</sup> The probable cause of visual impairment could be explained by foveal avascular zone changes on fluorescein angiography and DCP changes in OCTA. Another factor is retinal NVE in epidemic retinitis is not a common occurrence and to conclude that it is a complication of retinitis seems a difficult attribute.

Post fever/epidemic retinitis is a self-limiting condition and most often than not doesn't require any treatment.<sup>[3-5]</sup>

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### Conflicts of interest

There are no conflicts of interest.

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