Response to comment on: Validating the pachychoroid disease spectrum using multimodal imaging

Dear Sir,

We thank Sheth *et al.* for their interest in our case. They present a very well-illustrated follow-up of a case of pachychoroid over 4 years.^[1]

In their case, there is a progression of pachychoroid pigment epitheliopathy (PPE) to central serous chorioretinopathy (CSC), pachychoroid neovasculopathy (PCN), and finally polypoidal choroidal vasculopathy (PCV). This progression is well known in the pathogenesis of pachychoroid disease spectrum. The novelty of our case, however, was simultaneous presentation of both CSC and PCV along with emphasis on optical coherence tomography angiography features. Polyps and choroidal neovascularization in the setting of chronic CSC are well known. This aspect is getting increased attention since the introduction of the concept of pachychoroid. We wish to reiterate that the key focus of our case was the possibility of simultaneously having both CSC and PCV as also illustrated in a series by Manayath *et al.* [3]

We feel that Dr. Sheth's case would have been an interesting adjunct to our case had they shown an example where there were PPE, CSC, neovasculopathy, and PCV at the same point in time. We agree that our patient did not have PCN in addition to having PPE, CSC, and PCV. Their case merely shows progression of pachychoroid and not simultaneous presentation like in our case. It seems like an addition only because of the demonstration of imaging features of PCN, in a longitudinal follow-up.

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Conflicts of interest

There are no conflicts of interest.

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