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Letter to the Editor

Spontaneous Resolution of Optic Disc Pit Maculopathy

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Dear Editor,

I read with interest the article reporting spontaneous resolution of optic disc pit maculopathy in a boy.[1] Though the presence of an optic disc pit and associated macular involvement is undoubted in the presented case, the provided optical coherence tomography (OCT) does not clearly show typical intraretinal schisis (Figure 1B)[1] at multiple retinal levels which may communicate with the pit. Instead, it shows a sub-internal limiting membrane (sub-ILM) cavity. Such cavities are known to occur following the resolution of sub-ILM bleed due to various cause including Valsalva retinopathy,[2] Terson syndrome, and also in some retinitis[3] cases.[4] In fact, some of these cavities may simulate a neurosensory retinal detachment or central serous chorioretinopathy on cursory clinical examination.[5] To confirm that the features of the current patient[1] are indeed related to the optic disc pit, it is necessary for the authors to provide an OCT scan which shows a connection of the presented cavity with the optic disc pit. Also, clear OCT scans of the fovea, both at presentation and at final follow-up would help our understanding of the visual recovery of the patient. The interval between the presenting (28 June 2012) OCT and final OCT (30 Nov 2012) is 5 months and not 6 months as described in the manuscript. For an effective comparison, both the presenting and final OCT scans should have been taken using either horizontal or vertical orientation over the macula. Though the spontaneous resolution of optic disc pit maculopathy is possible, visual recovery in usually unlikely and in such cases an alternate diagnosis needs to be excluded.

Keywords: Valsalva retinopathy, Terson syndrome, sub-internal limiting membrane cavity, central serous chorioretinopathy, retinitis

Ethic

Peer-review: Internally peer-reviewed.

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Response from the Authors

Dear Editor,

We would like to thank Dr. Koushik Tripathy for his interest and constructive comments regarding our case report entitled "Spontaneous Regression of Optic Disc Pit Maculopathy in a Six-Year-Old Child" published in Turk J Ophthalmol. 2017 Jan;47(1):56-58.[1] We shall try to summarize our answer for his specific questions.

Dr. Tripathy has stated that the optical coherence tomography (OCT) image in Figure 1B[1] does not clearly show typical intraretinal schisis, it shows a sub-internal limiting membrane (sub-ILM) cavity. In our description of the case and in the discussion (Figure 1B)[1], we reported that OCT imaging revealed a schisis cavity and cystoid changes due to fluid collection under the ILM, not at multiple retinal layers. The term schisis cavity and cystoid changes has been used for fluid accumulation under ILM.

The author has declared that the interval between the presenting and final OCT 5 months not 6 months. Our patient's follow up was 6 months but better OCT scan was taken at 5 months and 2 days. Seventeen months after follow-up (December 19, 2013), foveal OCT showed a total regression of optic pit-induced maculopathy, and visual acuity was 20/20 in the right eye.

Finally, the author mentioned that the increase in visual acuity is usually unlikely and that alternative diagnosis should be considered. The patient's visual acuity at presentation was 20/32 and at final improved to 20/20. The increase in visual acuity was thought to be due to rapid absorption of the fluid and no structural change in the retina. We had already excluded such cavities which are known to occur following the resolution of sub-ILM hemorrhage due to various causes including Valsalva retinopathy,[2,3] Terson syndrome, or retinitis[4] as the author mentioned.

Again, we appreciate Dr. Tripathy's interest and constructive comments concerning our study.

Best Regards

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