Diagnosis of subretinal neovascularization associated with idiopathic juxtafoveal retinal telangiectasia — fluorescein angiography versus spectral-domain optical coherence tomography — can we choose?

Shalini Singh • Manisha Agarwal • Ramesh Venkatesh •
Rahul Mayor

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Dear Editor

We read with great interest the article entitled "Diagnosis of subretinal neovascularization associated with idiopathic juxtafoveal retinal telangiectasia—fluorescein angiography versus spectral-domain optical coherence tomography by Chhablani J et al. [1]. This article compares the ability of fundus fluorescein angiography (FFA) and spectral-domain optical coherence tomography (SD-OCT) to diagnose subretinal neovascularization (SRNV) secondary to idiopathic juxtafoveal retinal telangiectasia (IJRT) type 2A, and also highlights the pitfalls of FFA and OCT in detecting and confirming SRNV in cases of IJRT type 2. However we have made the following observations.

1. Colour fundus photography has low sensitivity in detecting SRNV secondary to IJRT type 2A. This implies that a number of SRNV would be missed on color fundus photography. However, in this study color fundus photography is being used as a reference for presence or absence of SRNV, and this would result in a number of false negatives and confound the data.

2. The interobserver correlation is noted, but in the final tables nos. 1 and 2 it is not clear whether the numbers indicated are the findings of a single observer or the mean of both the observers.
3. It is mentioned that out of 65 eyes, 22 eyes had SRNV associated with IJRT type 2A, and 43 eyes had no evidence of SRNV. However, in table 2 which has used additional criteria to diagnose SRNV, it is shown that in 24 eyes SRNV was present and absent in 41 eyes. Were some additional criteria used, resulting in this discrepancy?

Conflict of interest NIL.

References

1. Chhablani J, Mithal K, Rao H, Narayanan R (2014) Diagnosis of subretinal neovascularization associated with idiopathic juxtafoveal retinal telangiectasia—fluorescein angiography versus spectral-domain optical coherence tomography. *Graefes Arch Clin Exp Ophthalmol* 252:549–553

S. Singh (✉) • M. Agarwal • R. Venkatesh • R. Mayor
Dr Shroff's Charity Eye Hospital, Vitreo-Retina services, 5027,
Kedarnath Road, Daryaganj, New Delhi 110002, India
e-mail: drshalini15@gmail.com