Response of the authors

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Dear Editor

We appreciate the interest of Dr. Sanaei-Zadeh et al. [6] regarding our report on methanol poisoning: two case studies of blindness in Indonesia [1]. We thank our colleague for mentioning references we missed concerning the description of retinal and optic disc optical coherence tomography (OCT) features in methanol poisoning and read them with great interest [2–4]. A few months earlier, Shin and Uhm [4] documented a severe optic disc cupping with a time domain OCT in a case of methanol intoxication. They documented a similar decrease in retinal nerve fibre layer thickness in OCT and reported fundus photographs similar to ours. Fujihara et al. [5] have reported a macular swelling secondary to the papilloedema at an acute stage of the intoxication, similar to our observation. We also read with great interest the recent study of Dr. Sanaei-Zadeh et al. [6] on the different outcomes of visual disturbances after methanol poisoning. Since the visual outcome is unpredictable, we understand that the four categories described constitute useful information for the patient and relatives in a case of methanol intoxication. Nevertheless, the time elapsed to hospital presentation did not constitute a

risk factor for visual loss. We also agree that corticosteroid pulses and vitamin therapy have to be administered even without real evidence as to the ultimate chances of the patient eventually recovering. We thank Dr. Sanaei-Zadeh for sharing his expertise in methanol poisoning.

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