

Response to the letter to the editor entitled "Forty-two-month outcome of intravitreal bevacizumab in myopic choroidal neovascularization"

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Dear Editor,

We thank Chew and Tan for their interest in our recent article in Graefe's Archive for Clinical and Experimental Ophthalmology [1].

With regard to extrafoveal myopic choroidal neovascularization (mCNV), we agree with Chew and Tan about a continuing role for photodynamic therapy in this patient category [2]. Our population was composed of subfoveal and juxtafoveal mCNV. In our opinion, for such mCNV locations the treatment of choice is anti-VEGF therapy. However, anti-VEGF therapy should be offered paying close attention to the ocular and systemic side-effects, bearing in mind that the clinical trials for anti-VEGF were not focused primarily on safety [3].

A limitation of our study was the lack of evaluation of any OCT changes [1]. We agree with Chew and Tan that important additional information could have been provided by such an evaluation. For this reason, in successive patients we decided, as suggested by Chew and Tan, to perform the analysis of CMT differences after adding 60 μm to the CMT values measured by the Stratus OCT [4].

Swept-source OCT could certainly add to our "anatomical knowledge" [5].

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