

Comment on: “Effect of a topical nonsteroidal anti-inflammatory agent (0.1 % pranopfen) on acute central serous chorioretinopathy”

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Dear Editor;

We read the current article titled “Effect of a topical nonsteroidal anti-inflammatory agent (0.1 % pranopfen) on acute central serous chorioretinopathy” by An and Kwon with interest [1]. The authors found a topical nonsteroid anti-inflammatory agent, pranopfen, to be effective in treating acute central serous chorioretinopathy (CSC). The study group was reported to have been treated with topical pranopfen while the control group did not take a topical treatment. A relationship between Type A personality and CSC has been known about for quite some time. Type-A personality is characterized by an aggressive nature, a sense of urgency, a hostile temperament, and a competitive drive. Yanuzzi reported a high prevalence of Type A behavior for the first time with a study as 60 % in the CSC group compared with 40 % in the control group [2]. Piskunowicz et al. characterized CSC patients as quick-tempered, disorganized, and easily frustrated, with a tendency to avoid negative and potentially harmful stim-

uli, less tolerance to frustration, a higher level of insecurity, and a higher level of anticipatory anxiety [3]. Drici et al. investigated the reaction of patients with type A and type B behaviors to placebo and found more subjects with a behaviour pattern A (competitive and aggressive) (50 %) described as subjective side effects of the placebo than with type B subjects (17 %) [4]. Inflammation does not exist in pathogenesis of CSC. Thus, it is not expected that anti-inflammatory drugs would improve disease conditions. A placebo effect could cause an improvement in the study group in the recent study. To eliminate the effect of placebo, it would be better to apply a topical sham drop to the control group.

Compliance with ethical standards

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Conflicts of interest None.

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