LETTERS TO THE EDITOR

RE: On a retinochoroidal coloboma

Dear Editor,

We read with interest the study by Saffra et al.1 with reference to the sudden appearance of a retinochoroidal coloboma.

The indentation between the margins of the optic cup is called the embryonic fissure, which extends from the rim of the optic cup near the lens to the distal optic stalk. To complete the entire wall of the globe, the 2 lips of the embryonic fissure meet and fuse.

The term coloboma in medicine means the absence of part or all of a tissue. It may result from developmental disturbance, surgery, or injury. Typical isolated ocular coloboma is a congenital abnormality caused by defective closure of the embryonic fissure during weeks 5-7 of fetal life. Atypical colobomata appear in locations outside the region of the embryonic fissure.

In the study by Saffra et al.,1 we can read about a male baby with a typical retinochoroidal coloboma. Although we disagree with the attribute “sudden” presented in this study, we agree that this is the earliest documented case of retinochoroidal coloboma presentation in literature.

We also use the RetCam wide-field digital imaging system (Clarity Medical System) in the screening for retinopathy of prematurity and in the photo documentation of the abnormalities of the fundus or the angle of the anterior chamber.

We recognised the optic disc in Figure 1 at the border of the photo around 4 o’clock through hazy media. It means the inferonasal part of the retina could not have been observed and documented in this picture. It does not prove that the coloboma was not there. On the contrary, both the optic disc and the inferonasal part of the fundus with the coloboma are well depicted in Figure 2.

Although some risk factors (e.g., increased paternal age) have been associated with the development of colobomata, other factors, including young gestational age and low birth weight, have not. We agree it is very important to examine the baby carefully to recognize other developmental anomalies (heart, ear, skeletal, urogenital and other anomalies, and seizures) that require treatment. The association of colobomata with other ocular disorders (amblyopia, strabismus) has been reported, but sometimes these lesions are asymptomatic.2,3

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REFERENCES


RE: Response to Maka and Knezy “On a retinochoroidal coloboma”

Dear Editor,

We thank Dr. Maka for her comments and interest in our report. Our protocol for examination of premature infants involves the use of indirect ophthalmoscopy, using the Keeler small pupil binocular indirect ophthalmoscope (BIO). This is followed by use of the RetCam for photo documentation. We agree the initial photograph was of suboptimal quality due to vitreous haze and persistent tunica vasculosa lentis. Our initial BIO examination did not reveal any white lesion in the area that subsequently developed the coloboma. We hope this additional information clarifies our report.

Although the RetCam is a wonderful advance in fundus imaging, it does not supplant the need for BIO. It is used as an adjunct.

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