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Sir,

Response to 'Bevacizumab and type 1 idiopathic macular telangiectasia'

We thank Koay *et al*[1] for their interest in our paper[2] and for presenting an interesting case. We feel that the effectiveness of intravitreal bevacizumab varies among patients with idiopathic macular telangiectasia (MacTel) type 1. In our patients, visual acuity improved only in one of the five eyes at 12 months after the initial treatment. However, Gamulescu *et al*[3] reported that a single intravitreal bevacizumab markedly increased the visual acuity in a MacTel type 1 patient, and Koay *et al*[1] showed a case of MacTel type 1 successfully treated with intravitreal bevacizumab.

One possible reason for this discrepancy may be the different treatment protocol. In our study, the protocol was as follows: all patients were examined for changes in the visual acuity or retinal thickness 2 weeks after treatment; if macular oedema did not reduce, additional treatments were performed one to two times at the discretion of the physician at 4-week intervals. In contrast, Koay *et al*[1] administered a monthly injection of intravitreal bevacizumab three times from the baseline. Thus, a prospective study using a fixed protocol in a larger number of patients is necessary to confirm the efficacy of bevacizumab for the treatment of MacTel type 1.

Recently, He *et al*[4] reported that Coats' disease is associated with an increased intraocular vascular endothelial growth factor (VEGF) level. In their study, intraocular fluid was obtained from three children and one adult diagnosed with Coats' disease. Currently, this disorder is considered as Coats' disease in childhood and is usually referred to as MacTel type 1 when it is diagnosed in an adult, and involves the macula. Further studies on intraocular VEGF level in MacTel type 1 or adult-onset Coats' disease will show whether VEGF has a function in the pathogenesis of MacTel type1.

Conflict of interest

The authors declare no conflict of interest.

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Sir,

Presumed entecavir-induced ocular toxicity

Entecavir (Baraclude, Bristol-Myers Squibb, Princeton, NJ, USA) is a nucleoside analogue used to treat chronic hepatitis B virus infection.[1] We report a case of presumed ocular toxicity and significant visual loss in a patient with chronic hepatitis B infection treated with entecavir.

Case report

A 54-year-old Vietnamese male developed reduced vision sequentially in both eyes over a 2-year period. Past medical history included type 2 diabetes mellitus and chronic hepatitis B. In June 2007, the visual acuity (VA) was 6/9 in both eyes, with mild non-proliferative diabetic retinopathy, and no signs of macular abnormalities. During 2008, the VA worsened to hand movements in the right eye, secondary to subretinal fibrotic bands, tractional macular oedema, and diffuse retinal pigment epithelium (RPE) atrophy (Figure 1a). Fundus fluorescein angiography (FFA) showed abnormal RPE and foveal ischaemia (Figure 1b). At the time, the macular oedema was attributed to tractional elevation from the subretinal bands. Although the visual prognosis was guarded, the patient elected to proceed with right-sided pars plana vitrectomy and removal of subretinal bands to alleviate the macular oedema. The surgery was uncomplicated, although the vision did not improve significantly. Following surgery, Fourier-domain optical coherence tomography (FD-OCT) demonstrated reduction in macular oedema, with diffuse outer retinal atrophy, RPE thickening, and subretinal fluid at the fovea (Figure 1c). All infectious, inflammatory, and autoimmune serological tests were negative.

The patient re-attended in September 2010, with severe left-sided maculopathy and VA 6/48 (Figure 2a). There were no ocular signs of intraocular uveitis or diabetic complications. Indocyanine green angiography was normal. Widefield Optos (Optos, Dunfermline, Scotland) FFA showed loss of the foveal capillary ring and RPE atrophy, confirmed by fundus autofluorescence (Figures 2b and c). FD-OCT demonstrated progressive