Letter

Authors' Reply

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J Ophthalmic Vis Res 2019; 14 (2): 237

We thank Dr. Banaee for the comments on our article. Angiography is based on the deviation from what is considered normal fluorescence towards either hyper- or hypofluorescence. This is the case for both retinal and choroidal delta-fluorescence. Although some authors use the term cyanescence for indocyanine green angiography (ICGA), the phenomenon is identical; it is still fluorescence. The interpretation of inflammatory signs in angiography is based on this principle of hyper- and/or hypofluorescence.[1]

Based on this classical phenomenon, our group defined inflammation score points for both retinal and choroidal delta-fluorescence. There are twice as many structures that can cause delta-fluorescence in the retina when compared to the choroid, which has less capacity to express inflammation points based on delta-fluorescence. Therefore, its capacity to express inflammation score points will be artificially lower and has to be adjusted so that inflammation score points generated by hyper-/hypofluorescence could be compared between the retina and the choroid.

We do not think that evaluation of one or the other structure cannot be compared as the common denominator is inflammation points based on delta-fluorescence, a phenomenon that occurs similarly in both structures.

These basic angiographic principles resulted in the angiography scoring system that was published in 2010 by our group, a consensus study including 16 colleagues from nine countries experienced in angiography for inflammation.

Of course, no system is perfect, but we believe that it is better to have a possibly imperfect system than no system at all. We would be more than happy if a better system were generated in the future. For the time being, we consider our system to provide substantial progress over what is presently used for the scoring and evaluation of posterior uveitis, i.e. vitreous haze.

We were encouraged by the fact that our system was recently used by the STOP-Uveitis Study, a multicenter study evaluating the safety, tolerability, and efficacy of tocilizumab in patients with noninfectious uveitis (AAO2018, original paper PA037).

Again, we would like to thank Dr. Banaee for the interest shown in our study and for raising this point in a Letter to the Editor.

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Received: 12-01-2019 Accepted: 08-02-2019

Financial Support and Sponsorship

Nil.

Conflicts of Interest

There are no conflicts of interest.

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Access this article online

Quick Response Code:

Website: www.jovr.org

DOI: 10.4103/jovr.jovr_38_19

How to cite this article: Herbort CP Jr, El Ameen A, Tugal-Tutkun I, Khairallah M. Authors' reply. J Ophthalmic Vis Res 2019;14:237.