In conclusion, our results suggest that VA in patients with RBVO improved significantly with intravitreal ranibizumab treatment. MSD's constitutes a baseline prognostic factor which entails poor visual results despite the efficacy of the treatment. In patients with CRVO we did not observe significant VA improvements. New studies with larger populations and follow-up time are required to confirm these results in order to define prognostic factors so as to improve and customize the management of patients with RBVO and CRVO.

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Previous biopsy in the treatment of eyelid carcinomas

Biopsia previa en el tratamiento de carcinomas palpebrales

Dear Sir:

After reading the editorial comment on tendencies in the treatment of periocular basocellular carcinomas by García Martín and Fernández Tirado,1 we would like to make a comment we believe could be important and which said authors mention in other publications2 but not specifically in this one, i.e., the importance of previous incisional biopsy.

Although with the passage of time the surgical option is the best to eradicate skin carcinoma, there are several conditions that should be taken into account such as the patient age, state of health, lesion location and, size, recurrence, etc. Any malign lesion of the skin could simulate a large number of benign lesions and requires a previous biopsy in order to determine its nature. Incisional biopsy is necessary to establish a histological diagnostic because, even though the majority of ophthamologists are able to make a correct clinical diagnosis without biopsy, mistakes may arise. Carrying out surgery without an exact histological diagnostic is an unnecessary risk because the ocular globe itself may be unnecessarily compromized, together with adequate cosmetics. In addition, in current treatments2 with topical immunomodulators such as imiquimod and photodynamic therapy a previous histological diagnostic is a requirement,3 simply utilizing a 2 mm diameter trephinator to determine what we are treating and the result thereof. Said treatments are highly efficient and safe, even in locations involving the free palpebral edge.2 In addition, if the application is made with care tolerability is good.

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