Letters to the Editor

Spontaneous resolution of macular detachment associated with congenital anomalies of the optic nerve: Coloboma and optic disc pit

Resolución espontánea del desprendimiento macular asociado a anomalías congénitas del nervio óptico: coloboma del disco óptico y foseta papilar

Dear Sir,

Macular detachment is a complication which arises in the presence of optic nerve anomalies, particularly in the optic disk coloboma (ODC) and the optic disk pit (OP). We have read with great interest an article by Romero et al. reporting a case of spontaneous resolution of macular detachment associated to ODC. In this regard, we would like to

![Image of eye with annotations]

Fig. 1 – (a) LE color retinography; (b) linear tomographic section at the level of the optic nerve; (c) range of angiographic times with fluorescein; (d) multiple tomographic sections at the level of the optic nerve showing the communication of the subarachnoid and subretinal spaces.

Fig. 2 – Infrared retinography images and spectral domain tomographic sections covering the 16 months follow-up of the patient. Note the sequential resolution of the macular detachment related to monthly intervals.
present a similar case but in OP and differentiate both entities. We describe the case of a female, 38 years, with diminished visual acuity (VA) (20/200) in the left eye (LE) with 3 months evolution, without personal or familial history of relevance. At the funduscopic level a temporal pit was observed with pigment changes in the papillary edge, macular serous detachment and choroids coloboma inferior to the papilla (Fig. 1). The diagnostic tests were angiography and tomography which confirmed the diagnostic. As the patient rejected invasive procedures, clinic and tomographic follow-up was agreed. At the third month favorable tomographic changes were evidenced and in the following months the detachment resolved spontaneously with ensuing VA improvement (20/25) (Fig. 2).

There are differences between both entities even though some authors have stated that OP is a type of CDO. The main characteristic of the pit is a round or oval grayish or yellowish depression which generally appears unilaterally, in contrast with the coloboma which is bilateral and inferior and has the form of a whitish excavated cup, similar to the case presented by Romero et al. In general, ODC is associated to systemic malformations as stated by said authors. Precisely for this reason it is important to investigate said malformations. It also must be noted that these are not usually involved in OP.

The physiopathology of the origin of serous detachment in OP is controversial. Several theories have been proposed, one of which is the communication between the subarachnoid and subretinal spaces which brings about the presence of cerebrospinal fluid. This complication was evidenced on the basis of multiple tomographic sections taken at several levels of the optic nerve of our patient (Fig. 1, d1–d12). The spontaneous closure of this communication could be due to flow and pressure reduction at the level of the subarachnoid space together with the firm adhesion between the neurosensory retina layers and the pigment epithelium. This is different to the ODC case as proposed by the authors, i.e., it is due to fibrosis and pigment epithelium alterations between the coloboma and the papillomacular bundle.

As stated by said authors, there are multiple treatments for ODC as well as for OP although none has demonstrated to be clearly superior to others due to the scarcity of clinical trials and the infrequent presentation of these anomalies. However, we must emphasize that in the case of OP the initial macular detachment management should be conservative because 25% resolve spontaneously. Accordingly, clinical and tomographic follow-up is important.

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**REFERENCES**


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**Simulation in ophthalmology (II)**

**Simulación en oftalmología (ii)**

Dear Sir,

In relation to the letter titled Simulation in Ophthalmology and following the publication of our paper we would like to emphasize a few points.

Non-organic visual loss (NOVL) or simulation in ophthalmology is entirely different in children than in adults. While the latter simulates to obtain a benefit or as the result of a psychiatric disorder, in children the etiology and prognosis are different and generally more favorable. NOVL in adults is not only due to the deceitful intention of patients, but it can also be secondary to a psychiatric disorder described in CIE 10 (F44 Dissociation Conversion Disorder) and in DSM IVR (Fictitious Disorders).