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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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).

In what concerns campimetric alterations, it is exceptional for children to debut with NOVL and a campimetric alteration because they are not aware of said alterations. Usually what makes them aware of any eyesight alteration is diminished bilateral vision which prevents them from doing their school homework. If a child refers campimetric alterations, we must suspect the presence of an urgent organic disease.

Due to professional ethics, we do not include the results of our experience in childhood NOVL which was being published simultaneously in the European Journal of Ophthalmology (EJO) and the Simulation in Ophthalmology paper.

The summary of our work titled Nonorganic visual loss and associated psychopathology in children which is the result of 3 years study in the Neuro-Ophthalmology Unit of the San Carlos Clinic Hospital of Madrid is:

- 973 children included in the study.
- 30 children diagnosed with NOVL.
- Prevalence of NOVL: 3.08%.
- 70% were girls between 8 and 9 years of age, with a mean age of 8.93 (SD 2.61 years).
- The month in which the highest number of patients was diagnosed (26.7%) was September, when the academic courses begin.
- The main form of NOVL presentation was diminished bilateral vision (86.6%) followed by diplopia (6.7%).

In what concerns associated psychopathologies, the results were:

- Prevalence of associated psychopathology: 20%

The most frequent psychopathological disorders were:

- Hyperactivity disorder: 6.6%
- anxiety: 6.6%
- attention deficit: 3.3%
- depression with attempted suicide: 3.3%
- it is peculiar that 40% of children with NOVL wanted to wear only spectacles, in accordance with a school friend who had been prescribed optic correction.

In several forms we have outlined the importance of developing multidisciplinary units between Ophthalmology, Primary Care and Pediatric Psychiatry (similar to the unit we have in our center) for following up and treating these patients due to the high prevalence of associated psychopathology. We have stated the significance of said units in the 10th European Neuro-Ophthalmology Society Meeting (Barcelona, June 18–21, 2011), in the Ramón Castroviejo Ophthalmology Seminar of the Complutense University of Madrid (April 24, 2008; December 17, 2009; February 16, 2012) or in Acta Estrabológica.

Finally, by way of conclusion, we would also like to point out that suspected NOVL should be considered in the presence of visual deficit or disproportionate symptoms in a patient with strictly normal basic exploration results.

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