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EDITORIAL

Indian festivals: Ethos and health impact
Yeolekar ME, Bavdekar SB

ORIGINAL ARTICLES

A prospective randomized comparative study of the effects of intranasal and transdermal 17 β-estradiol on postmenopausal symptoms and vaginal cytology
Odabaşi AR, Yüksek H, Demiren SS, Kaçar DF, Çulhacı N, Özkar EE

Miliary tuberculosis in human immunodeficiency virus infected patients not on antiretroviral therapy: Clinical profile and response to short-course chemotherapy
Swaminathan S, Padmapriyadarsini C, Ponnuraja C, Sumathi CH, Rajasekaran S, Amerandran VA, Reddy MVK, Deivanayagan CN

Retrospective study of severe cases of leptospirosis admitted in the intensive care unit
Ittyachen AM, Krishnapillai TV, Nair MC, Rajan AR

Field rats form a major infection source of leptospirosis in and around Madurai, India

Regional brain metabolism in schizophrenia: The influence of antipsychotics
Seethalakshmi R, Parkar SR, Nair N, Batra SA, Pandit AG, Adarkar SA, Baghel NS, Moghe SH

CASE REPORTS

Tumoral calcinosis of the foot with unusual presentation in an 11-year-old boy: A case report and review of literature
Mohamed S, Jong-Hun J, Weon-Yoo K

Immune reconstitution inflammatory syndrome in a patient with cryptococcal lymphadenitis as the first presentation of acquired immunodeficiency syndrome
Tahir M, Sharma SK, Sinha S, Das CJ

Great auricular nerve involvement in leprosy: Scope for misdiagnosis
Ramesh V, Jain RK, Avninder S

IMAGES IN RADIOLOGY

Snap sound and detumescence: Fracture penis
Rao A, Surendrababu NRS

REVIEW ARTICLE

One gene, many phenotypes
Prasun P, Pradhan M, Agarwal S

VIEW POINT

Religion, spirituality, health and medicine: Why should Indian physicians care?
Chattopadhyay S
STUDENTS’ CORNER

The Bayesian clinician
Kulkarni UP

LETTERS

Natural history of non-ischemic central retinal vein occlusion versus iatrogenic intervention
Authors’ reply
Replacing the illogic of anesthesia by the logic of aneuronia
Drug rash with cosinophilia and systemic symptoms syndrome due to quinine
A massive myxoid liposarcoma with hyperferritinemia
Risedronate induced transient ocular myasthenia
Exposure to blood-borne viruses among healthcare workers in a tertiary care hospital in south India
Gabapentin and hypersensitivity syndrome
Diagnostic accuracy and specialist consultation patterns upon transient loss of consciousness in primary health care
Angiodysplasia of colon in a seven-year-old boy: A rare cause of intestinal bleeding

AUTHOR INDEX, 2007

TITLE INDEX, 2007

SUBSCRIPTION DETAILS
Natural history of non-ischemic central retinal vein occlusion versus iatrogenic intervention

Sir,

I read with interest the report by Issa and Qasem on the occurrence of central retinal vein occlusion (CRVO) in association with thrombotic thrombocytopenic purpura (TTP) in a 45-year-old man.[1] Given that their patient had an absent afferent pupillary defect from the outset and showed visual recovery from an acuity of 6/60 to 6/12 over 12 weeks, there were sufficient grounds to diagnose a “non-ischemic” CRVO.[2] Their inference that a combination of macular laser and systemic medical therapy favorably influenced the outcome of (non-ischemic) CRVO in their patient cannot be delivered with confidence. As such, their concluding sentiments are questionable because the natural history of a “non-ischemic CRVO” is one that characteristically carries a good prognosis, such that most eyes eventually enjoy good visual acuity.[2]

To recapitulate: the visual fate of an eye that suffers a CRVO is chiefly determined by whether the insult is of an “ischemic” or “non-ischemic” nature. This dichotomous classification is helpful in predicting prognosis and applies regardless of the underlying etio-pathogenesis of a CRVO.[2] Hayreh has already made the point that since the natural history for non-ischemic CRVO is resoundingly benign, it is imprecise and misleading to congratulate ourselves on the effectiveness of any interventions undertaken in parallel with the usual timecourse for clinical improvement.[3]

In both variants of CRVO it is believed that there is a blockage of the central retinal vein, but in “non-ischemic” cases there is a relatively superior blood flow owing to a better availability of collateral venous channels.[3]

Secondly, the application of macular laser at 12 weeks is also a questionable decision in this case, bearing in mind that the resolution of macular edema (as evidenced by the improvement in visual acuity) was already progressing acceptably. Clearance of edema at such a rate signifies the survival of a macular microcirculation with healthy hemodynamics. Hence it is fallacious to commemorate any laser treatment applied towards the final phase of visual recovery, when the preamble was already very satisfactory. Indeed, it would have been preferable to wait for a further four to six weeks to observe the subsequent course of visual acuity before intervening with laser photocoagulation or another anti-edema treatment. Any supposed concerns regarding the creation of “chronic macular edema” beyond 12 weeks (and consequent permanent degeneration of macular structure) are not tenable in this instance given the prevailing behavior of this patient’s CRVO.

Rather counter-intuitively, the overriding belief at present is that thrombus-clearing or preventing strategies are seemingly ineffective in CRVO.[4] A similar opinion has been expressed regarding the efficacy of hemodilution techniques in cases where raised blood viscosity has been considered relevant to the pathogenesis of CRVO. Germone too in this regard is the observation that CRVOs can occur in patients on therapeutic levels of anticoagulant therapy.[5]

Thus the proposed effectiveness of anti-thrombotic and laser treatment in modulating this patient’s CRVO is difficult to reconcile with the observation that (even when left alone) eyes that have suffered a non-ischemic CRVO overwhelmingly tend to fare well.[2] Whether the described iatrogenic input actually improved the outcome for this single patient is therefore an eminently debatable point. And importantly, when considering therapeutic strategies we must first acknowledge the natural history of the disease process under scrutiny to introduce equilibrium into the discussion and allow a better informed interpretation.

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References

Authors’ reply

Sir,

We would like to thank the author[1] for his interest in our case report.[2] We agree with the author that it is important to make a distinction between ischemic and non-ischemic central retinal vein occlusion (CRVO). The case report we described would...