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Central retinal vein occlusion associated with thrombotic thrombocytopenic purpura/ hemolytic uremic syndrome

Sir,
We read with interest the case report entitled 'Central retinal vein occlusion associated with thrombotic thrombocytopenic purpura/ hemolytic uremic syndrome: complete resolution is possible' by Issa and Qasem.

We congratulate the authors for reporting an unusual presentation of central retinal vein occlusion in a case of thrombotic thrombocytopenic purpura. We have certain observations to make.

1. Authors have failed to classify central retinal vein occlusion into ischemic and non-ischemic types. This is important as non-ischemic central retinal vein occlusion is commoner and has a favorable prognosis.

2. They have concluded that 'focal' argon laser treatment resulted in complete resolution of the macular edema. Here it should be noted that 'macular grid' laser photocoagulation has been described as the treatment but not the 'focal' laser.

3. Lastly laser photocoagulation for macular edema in central retinal vein occlusion helps in reduction of the edema but this does not result in improvement in visual acuity.

4. So the conclusion that appropriate ophthalmologic management can reverse the associated ocular pathology and improve the patient's vision to normal may not be valid.

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References

Simultaneous umbilical hernia repair in patients undergoing laparoscopic cholecystectomy: Is obesity a risk factor for recurrence?

Sir,
I read with interest the article entitled ‘Laparoscopic cholecystectomy accompanied by simultaneous umbilical hernia repair: A retrospective study’. Umbilical hernias, mostly acquired, are more common in adults in the fifth or sixth decade of life with obesity and multiparity as important...
associated factors.\textsuperscript{[2]} The authors have reported good results, but have mentioned about a high-recurrence rate amongst patients with BMI $\geq$ 30 kg/m$^2$. These results are in contradiction of a previous study that reported a lack of correlation between BMI and risk of recurrence of umbilical hernia.\textsuperscript{[3]} The relationship between obesity and the risk of recurrence could have been better elicited, had the authors carried out determination of serum leptin levels in the study subjects. It is well known that this hormone produced by adipocytes may often help in measuring the adiposity.\textsuperscript{[4]} Several factors influence the development of umbilical hernia. Selection of cases from one or more geographical area may also influence the results. Surgical technique and BMI may not be the only factors in the development of recurrence.

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