Letters

Author Response: Association of Focal Choroidal Excavation With Age-Related Macular Degeneration

In our recently published article, we examined the macular area in 243 consecutive eyes (217 Japanese patients) with exudative age-related macular degeneration (AMD) to study the possible association with focal choroidal excavation (FCE), and we found 15 excavations in 12 eyes (4.9%). As shown in Table 3, the mean age was 69.7 ± 9.2 years in patients with FCE and was 75.3 ± 8.0 years in patients without FCE. However, we incorrectly conveyed this information in the article, as follows: “Compared with eyes without FCE, in eyes with FCE, the mean age was significantly higher (P = 0.040).” We apologize for this error, and we need to correct this description as follows; “Compared to eyes without FCE, in eyes with FCE, the mean age was significantly younger (P = 0.040).”

We thank Dr Querques for his interest in our article. He recommended that we report the criteria for establishing the diagnosis of AMD. In this study, the diagnosis of exudative AMD was based on a combination of fundus photography, simultaneous fluorescein, and indocyanine green angiography, and optical coherence tomography. Exudative AMD is defined as a disorder of the macular area observed in patients older than 50 years in which any of the following characteristics are observed: large RPE detachment, subretinal or sub-RPE choroidal neovascularization (CNV), or fibrovascular disciform scarring that does not appear to be secondary to another disorder (e.g., pathologic myopia, angioid streaks, retinal angiomatous proliferation, idiopathic CNV, other secondary CNV, intraocular inflammation, or history of ocular trauma, among others).

Querques stated that he could not find any signs of typical AMD in the cases that we presented in the Figures. In the current study, polypoidal lesion was found in 8 of 12 eyes with FCE. In the Japanese population, it is reported that approximately 50% of exudative AMD is polypoidal choroidal vasculopathy, which is reportedly characterized by a thick choroid and a lower frequency of large drusen. Therefore, we believe our cases represent common exudative AMD in Japanese individuals.

Lastly, we disagree with the assertion that we definitively stated that FCE quite commonly is associated with AMD. For example, please consider the following statement in the conclusions section of this article: “Although FCE might be partly related to development of CNV associated with exudative AMD, its role appears limited to some eyes.” While considering our current findings and those of previous studies, we hypothesized that FCE, which possibly results from embryonic developmental failure, is a stable condition with minimal symptoms. In some younger patients with FCE, focal damage of the RPE and Bruch’s membrane due to excavation or focal choroidal ischemia may lead to the development of CNV. The clinical characteristics of these CNVs are different from those of exudative AMD, but are rather similar to those of secondary CNV. Some older patients with FCE may develop CNV or polypoidal lesions. FCE might be related partly to the development of CNV associated with exudative AMD, but its role appears limited to some eyes.

Yoshimasa Kuroda
Akitaka Tsujikawa
Nagabisa Yoshimura

Department of Ophthalmology and Visual Sciences, Kyoto University Graduate School of Medicine, Kyoto, Japan.
E-mail: tujikawa@kuhp.kyoto-u.ac.jp

References


Citation: Invest Ophthalmol Vis Sci. 2014;55:8543.
doi:10.1167/iovs.14-15991