

Reply to letter concerning Predictors of long-term visual outcome in intermediate uveitis

Rachael L Niederer BHB MBChB PhD^{1,2}, Lazha Ahmed Talat Sharief MPH MSc(Ophth)^{1,2}, Asaf Bar MD¹, Sue L Lightman PhD, FRCOphth^{1,2}, Oren Tomkins-Netzer MD PhD^{1,2,3}

¹ Moorfields Eye Hospital, London, UK

² University College London (UCL), Institute of Ophthalmology, London, UK

³ Technion, Israel Institute of Technology, Bnai Zion Medical Center, Haifa, Israel

We thank Dr Tripathy for his interest in our recent publication¹ and the opportunity to discuss the results in more detail.

The conversion of Snellen visual acuity to LogMAR presents a challenge when visual acuity is <20/400. Various authors have addressed this,²⁻⁴ and accurate conversion needs to take into consideration testing distance, contrast, and, in the case of count fingers, the size of the examiner's hand.⁵ In the current study, subjects with visual acuity of count fingers or less were assessed at a distance of 30cm, and thus we have chosen to use the calculations of Lange et al at this distance for conversion.² The visual acuity data showed a skewed distribution, and therefore, all values were reported as median and interquartile range to eliminate the distortion likely to occur with mean values. Cox regression analysis was performed for the categories of moderate and severe visual loss,⁵ again eliminating any distortion from the higher LogMAR values.

We reported 42 subjects (13.8%) requiring second line immunosuppression during the course of their disease. A range of immunosuppressive agents were used, reflecting both changing practice patterns over the course of the study, and variation in the underlying systemic associations. The subject who underwent evisceration was a woman with relapsing polychondritis. She had count fingers vision due to complications of intermediate uveitis and subsequently developed necrotising scleritis and a perforation. Her systemic health was too poor for enucleation, and so she underwent evisceration at our centre.

References

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