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## Response

## Reply from the authors

We appreciate the interest of Drs Chan, Lin, and Cheng in our report. Patients with bilateral optic neuritis and chiasmal involvement who had severe optic edema and hemorrhage were rarely reported in the literature. In our literature review of chiasmal optic neuritis (ON), only two patients had swollen disc and peripapillary hemorrhage or venous congestion during the fundus examination.<sup>1,2</sup> The etiology of chiasmal ON in one patient was idiopathic<sup>1</sup>; the other was Epstein-Barr virus infection.<sup>2</sup> In addition, the Optic Neuritis Study Group reported that in patients with optic disc edema, disc or peripapillary hemorrhage, or macular exudate without brain lesion on magnetic resonance imaging (MRI), clinically definite multiple sclerosis (CDMS) did not develop within 5 years.<sup>3</sup> When any of the previously mentioned ophthalmoscopic features were associated with ON in the presence of normal brain MRI, the etiology of ON was almost always other than multiple sclerosis, such as infectious diseases.<sup>3,4</sup>

All the patients in our study had CDMS and presented chiasmal ON as ophthalmic manifestations of the demyelinating process. The patient in the report by Drs Chan, Lin, and Cheng might have other etiologies of ON, such as Lyme disease, cat-scratch disease, or viral infection, other than demyelinating diseases. Long-term follow-up

is helpful to clarify the nature of bilateral papillitis associated with chiasmal involvement.

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Shih-Yun Lee, An-Guor Wang, May-Yung Yen\*

\* Corresponding author. Department of Ophthalmology, Taipei Veterans General Hospital, Taipei, Taiwan.  
E-mail address: [myyen@vghtpe.gov.tw](mailto:myyen@vghtpe.gov.tw) (M.-Y. Yen)

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