Dear Editor,

We read with interest the paper “Screening for Retinopathy of Prematurity in a Tertiary Ophthalmology Department in Turkey: Incidence, Outcomes, and Risk Factors” by Cerman et al.1 The authors covered their 11-year experience of screening for retinopathy of prematurity (ROP) conducted between 2000 and 2011, combining the cryotherapy for ROP (CRYO-ROP) era before 2005 and early treatment of ROP (ETROP) era afterward, which is very similar to ours (between 1999-2012).2 They gave a rate of 35.3% for any stage of ROP and 4.4% for treatment-requiring severe ROP, which were 37.5% and 8.6%, respectively, in ours. The shared risk factors between the present study and ours for treatment-requiring severe ROP were the immaturity of the neonate and mechanic ventilation. Similar to ours and various other reports, the authors raised the concern that compared to Western countries, in Turkey, more mature infants can develop severe ROP that can be missed if Western guidelines are applied.3,4 Though it is a common opinion, it seemed unclear to us why they concluded that the socioeconomic differences may have an effect on the incidence of ROP, since no related findings were presented.

Besides these valuable observations, we would be keen to know if the authors can share their data on the following subjects:

1) Only 11 cases with stage 4a or above ROP at the first screening examination were mentioned. Were there any that progressed from lower stages to stage 4a or above despite the ablative therapy?

2) We noted in our study that the incidence of ROP did not seem to decrease when compared with neonates screened before 2005 and afterward. The probable cause was that the neonates in the second term were more immature. We wonder if similar results could be obtained after doing such an analysis for the present study.

Murat Küçükevcilioglu, MD
Onder Ayyildiz, MD
Gokhan Ozge, MD
Fatih Mehmet Mutlu, MD
Gulhane Military Medical School,
Department of Ophthalmology,
Ankara, Turkey

REFERENCES

Murat Küçükevcilioglu, MD, can be reached at GATA Goz Klinigi,
Etlik/Ankara, Turkey, 06010; +90-506-4028849; fax: +90-312-3045851;
email: eyedrmuratk@gmail.com.

Disclosures: The authors report no relevant financial disclosures.

Reply to Letter to the Editor: Screening for Retinopathy of Prematurity in a Tertiary Ophthalmology Department in Turkey: Incidence, Outcomes, and Risk Factors

Dear Editor,

We are grateful to the correspondents for their interest in our article. Küçükevcilioglu and colleagues emphasized that various similar reports and ours2,4 pointed out that in our country, severe ROP can be developed by more mature infants than in Western countries, which may lead to underestimation if Western guidelines are...
applied. However, they question why we concluded that the socioeconomic differences may have an effect on the incidence of ROP, since we presented no related findings.

Our department is a tertiary ophthalmology department in Turkey, and we receive patients from different regions from the country. We noticed that we tend to observe ROP in more mature infants. In our study, the frequency of ROP that required treatment among patients with ROP was 4.2% in patients with a gestational age (GA) of at least 32 weeks. Chaudhari et al.\textsuperscript{5} shared a similar finding. They reported the incidence of ROP in 552 infants screened in their tertiary care center in India. Of the 552 infants who were screened for ROP, 41 (7.4%) needed laser photocoagulation. No ROP was found in infants weighing at least 2,000 g or with a GA of at least 36 weeks. Six infants with a GA between 33 and 34 weeks needed laser therapy.\textsuperscript{5} We believe that socioeconomic differences may have a role, but we agree that this may not be a direct conclusion from our study, as we did not measure these factors for statistical comparison. From PubMed research, the incidence of ROP in more mature babies is categorized as from developing or underdeveloped countries.\textsuperscript{3-9} Our statement was made intuitively from what is known about the social and economic differences between the underdeveloped and the developed countries.

We were also asked to clarify whether any of the 11 cases with stage 4a or above ROP at the first screening examination had progressed from lower stages to stage 4a or above despite the ablative therapy. In our series, 11 of 1,252 patients were diagnosed with either unilateral or bilateral retinal detachment (stage 4a, 4b, or 5) at the time of the first screening examination. All of these patients were referred to our center from other hospitals, and we did not record the patients’ past history (the details of neonatal intensive care or ROP screening results). Additionally, we referred all the patients for surgery to another center immediately (same day). We do not actually know whether they were at previous stages before. Incidentally, we were not doing ROP surgery in our center previously, but we do it now.

Küçükevcilioglu and colleagues noted in their study that the incidence of ROP did not seem to decrease when comparing the neonates screened before 2005 and afterward. They proposed as a probable cause that the neonates in the second period were more immature\textsuperscript{2} and wondered whether similar results could be obtained after doing such an analysis for our study. They reported the incidence of ROP 37.1% and 37.8%, respectively (\(P= .81\)).\textsuperscript{2} We found the incidence of ROP was 19.8 % before 2005 and 36.7% after 2005, and the difference was significant (\(P = .001\)). This is an important observation, and we thank Küçükevcilioglu and colleagues. The increase in the percentage may be due to changing the profile of our ROP clinic as we examine more referral patients. We do laser therapy and we obtain referrals exactly for treatment from secondary care units, and the incidence of ROP is increasing in our series.

As a result, blindness due to ROP can be prevented by appropriate screening and treatment programs according to a country’s local conditions. In developing countries, we think that more mature infants are at risk of developing ROP compared to infants in industrialized countries.\textsuperscript{10} Therefore, the incidence and major and exact risk factors for developing treatment-requiring ROP in more mature infants should be evaluated.

**REFERENCES**


Hande Celiker, MD
Ozlem Sahin Yenice, Prof., FEBO
Eren Cerman, MD, FEBO
Sevcan Yildiz Balci, MD
Haluk Kazokoglu, Prof.
Muhsin Eraslan, MD
Marmara University School of Medicine, Department of Ophthalmology, Istanbul, Turkey

Hande Celiker, MD, can be reached at Marmara University School of Medicine, Department of Ophthalmology Fevzi Çakmak Mah, Muhsin Yaziociolu Cad, No:10 Pendik/Istanbul, Turkey; +90-5321577740; fax: +90-2166570695; email: drhandeceliker@yahoo.com.

Disclosures: The authors report no relevant financial disclosures.