

Letter to the Editor: Optical Coherence Tomography Angiography of Choroidal Hemangioma

Dear Editor,

We read with interest the article on optical coherence tomography angiography (OCTA) of a suspected case of choroidal hemangioma.¹ We want to humbly discuss a few facts.

The authors mention that “To date, findings from optical coherence tomography angiography (OCTA) have yet to be reported for a choroidal hemangioma.” However, in 2017 we had published our findings in cases of choroidal hemangioma before and after treatment with laser.²

In an asymptomatic patient with an incidentally detected choroidal mass multiple differential diagnoses are possible, including metastasis. It would be interesting to know how the authors excluded other potential mimickers.

In our paper, we noted that the choriocapillaris layer had multiple, well-defined hypoflow areas.² We hypothesize that the changes seen in choriocapillaris layer may not be due to involvement by the hemangioma itself. Vascular alterations in the choriocapillaris layer could just be due to an underlying mass effect of the hemangioma. Also, laser leads to a loss of the choriocapillaris layer. Following this, the visibility of deeper vessels improved, and we could show the vessels within and around the hemangioma by swept-source OCTA.²

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2. Chawla R, Tripathy K, Sharma A, Vohra R. Swept source optical coherence tomography-angiography of choroid in choroidal hemangioma before and after laser photocoagulation. *Indian J Ophthalmol* 2017;65(8):751-754.

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Disclosures: The authors report no relevant financial disclosures.

Reply to Letter to the Editor: Optical Coherence Tomography Angiography of Choroidal Hemangioma

With regard to the comments made by Drs. Chawla and Tripathy, “... in 2017 we had published our findings in cases of choroidal hemangioma before and after treatment with laser,” the paper of interest was published in the *Indian Journal Ophthalmology* in August 2017;¹ we submitted our paper in April 2017, and it was accepted in June 2017 (before their paper was published).

The letter authors stated: “In an asymptomatic patient with an incidentally detected choroidal mass multiple differential diagnoses are possible, including metastasis. It would be interesting to know how the authors excluded other potential mimickers.” This patient has been very well-known to our ophthalmology service for the past few years; he underwent multiple tests, including optical coherence tomography (OCT), fluorescein angiography, indocyanine green angiography, MRI, and ultrasound, which were all compatible with choroidal hemangioma. The patient was evaluated by our ocular oncology service, who agreed with the diagnosis after examining the patient and repeating the ultrasound.

With regard to the comments in the letter authors’ fourth paragraph, the machine and technique that we used was completely different from what they used in their paper.¹ We used swept-source OCT angiography (PLEX Elite 9000; Zeiss, Dublin, CA), which operates at a central wavelength of 1,060 nm with the optical micro-angiography algorithm. This technique has a better image quality with less artifact.²

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Disclosures: The author reports no relevant financial disclosures.

doi: 10.3928/23258160-20180803-01