

Choroidal Thickness and Retinal Vein Occlusions [Letter]

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Dear editor

We read with great interest the article by Moleiro et al¹ concerning peripapillary and subfoveal choroidal thickness (ChT) in case of retinal vein occlusions.

We congratulate the authors because BRVO and CRVO are leading causes of visual loss in the world, especially in the elderly and research on this topic is always interesting.

ChT measurements have been checked in several diseases^{2,3} but we have some concerns about the reliability of the measurements obtained in this paper. The reason is that, as shown in Figure 1, the foveal depression is not certainly identifiable because of retinal exudates, making the assessment of subfoveal ChT.

In the case of small structures to be precise is very important because a few microns could significantly change the results as ChT varies greatly from the foveal to the perifoveal area.

Even though it is known that the measurements should be performed on images obtained in microns scale the authors evaluate ChT on images in pixels scale.

In addition, several papers prove a relationship between ChT and axial length: eyes with a shorter axial length are related to thicker choroid and longer axial lengths to thinner one, but the authors did not consider the possible physiological difference between the axial length of both eyes.

We are aware that axial length measurements are not very precise and some corrections are needed, but they should be precise enough for checking relationships.⁴

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The authors report no conflicts of interest in this communication.

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