REPLY TO A LETTER TO THE EDITOR

Response to Dr. Pellegrini Regarding Comments on “Bilateral Non-arteritic Anterior Ischaemic Optic Neuropathy as the Presentation of Systemic Amyloidosis”

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We thank Dr. Pellegrini and his colleagues for their thoughts and thorough comments and review of the previous literature with regard to the relation of intermediate uveitis with the diagnosis of amyloidosis. We have considered his opinion regarding the possible relation between the initial presentation of “intermediate uveitis” and the later on diagnosis of systemic amyloidosis, hence we reply to the comments. In our case,¹ the patient had previous intermediate uveitis defined as active vitritis and haze and she required systemic immunosuppression for about 6 years. The vitritis had been inactive following the cessation of the systemic therapy for 2 years at the time of presentation with ischaemic optic neuropathy. Indeed, at the time of the optic disc swelling, we examined the vitreous thoroughly to exclude the possibility of the optic disc swelling secondary to inflammation. The vitreous was clear with no haze, opacities or structural

changes. The picture was definitely of inactive vitritis, and there were no signs of vitreous involvement with amyloidosis. We believe that these are two separate entities causing initially the intermediate uveitis, followed by the ischaemic optic neuropathy many years thereafter.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

References

- [1] Kanaan MZ, Lorenzi AR, Thampy N, Pandit R, Dayan M. Bilateral non-arteritic anterior ischaemic optic neuropathy as the presentation of systemic amyloidosis. *Neuro-Ophthalmol* 2017;41(6):330–334. doi:[10.1080/01658107.2017.1328604](https://doi.org/10.1080/01658107.2017.1328604)