Dear Sir,

We thank the authors for their interest and comments on our paper.[1] The development of serous detachment following trauma is very unusual with only two other cases cited in our paper.[2,3] The presentation of this in combination with uveitis prompted the investigations performed. In such a case, it is in our opinion, reasonable to perform investigations for underlying inflammatory and infectious causes. However, as stated, we considered other pathology unlikely.

The initial presentation was to out-of-hours eye casualty services and a fluorescein angiogram was performed at a subsequent follow-up. We acknowledge that imaging at presentation would be useful to understand the pathology of this condition further. Early fundus fluorescein angiography (FFA) and indocyanine green (ICG) angiography are recommended, particularly to assess the choroidal vasculature at the onset of serous detachment. The correct name for this presentation is indeed debatable; we have chosen to report this case consistent with other limited case reports published.[2,3] Our description is based on optical coherence tomography appearance and

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clinical behavior and “posttraumatic serous detachment” or “CSR-like” disease appear to be valid descriptions. In the absence of imaging at presentation, including FFA and ICG imaging, and no general consensus of the pathogenesis, we are currently unable to label this case a “traumatic choroidopathy.”

Yours sincerely,

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Nil.

**Conflicts of interest**
There are no conflicts of interest.

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