Response to comments on: Vogt-Koyanagi-Harada disease associated with anterior ischemic optic neuropathy in a young woman presenting as acute angle-closure glaucoma

Dear Editor,

We thank Wijesinghe et al.[1] for the interest shown and critical comments on our article.[2] The clinical features and investigational evidence described by Wijesinghe et al.[1] are typically associated with acute anterior ischemic optic neuropathy, and the systemic features mentioned are common with arteritic anterior ischemic optic neuropathy. Our patient, a 27-year-old woman, presented with optic disc pallor and increased vertical cup-disc ratio in the left eye compared to the fellow eye [Figure 1]. The posterior ciliary artery supply to the optic nerve head and the retrolaminar part of the optic nerve may be interfered by severe inflammation at the juxtapapillary choroid, which can lead to non-arteritic anterior ischemic optic neuropathy (NAION). Cupping has been documented to occur as the end result in NAION rarely, and the cup-disc ratio has also been found to increase by 50% after NAION compared with the fellow eye.[3,4] Hence, in our case, we attributed the optic disc finding to NAION (not in the acute stage), in contrast to the report by Nakao et al., where the presentation was acute.[5]
We agree with the authors that recurrent secondary angle-closure attacks in the past due to ciliary body swelling and suprachoroidal fluid accumulation can also lead to a similar optic disc presentation in Vogt–Koyanagi–Harada disease. However, our patient gave no history of any preceding ocular illness, including pain, headache, or blurring of vision. Also, there was no gonioscopic evidence of pigment blots or peripheral anterior synechiae, and the intraocular pressure came down to normal range after the initiation of corticosteroids. We have not provided any 1-year follow-up optic disc photo in the manuscript. The fundus photographs up to 2 months follow-up were given in the photo essay. We appreciate the remarks put forward by the authors for this unusual case.

Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest
There are no conflicts of interest.

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References
1. Wijesinghe HK, Puthuran GV, Krishnadas SR. Comments on: Vogt-Koyanagi-Harada disease associated with anterior ischemic optic neuropathy in a young woman presenting as acute angle-closure glaucoma. Indian J Ophthalmol 2021;69:183.
2. Patyal S, Narula R, Thulasidas M. Vogt-Koyanagi-Harada disease associated with anterior ischemic optic neuropathy in a young woman presenting as acute angle closure glaucoma. Indian J Ophthalmol 2020;68:1937-8.
3. Quigley H, Anderson DR. Cupping of the optic disc in ischemic optic neuropathy. Trans Am Acad Ophthalmol Otolaryngol 1977;83:775-82.
4. Contreras I, Rebolleda G, Noval S, Muñoz-Negrete FJ. Optic disc evaluation by optical coherence tomography in nonarteritic anterior ischemic optic neuropathy. Invest Ophthalmol Vis Sci 2007;48:4087-92.
5. Nakao K, Mizushima Y, Abematsu N, Goh N, Sakamoto T. Anterior ischemic optic neuropathy associated with Vogt–Koyanagi–Harada disease. Graefes Arch Clin Exp Ophthalmol 2009;247:1417-25.