

finding is seen in other degenerative diseases with significant RPE and outer retinal damage.⁶ ONL loss and EZ attenuation present in normal-looking retinal areas may precede RPE loss and ORT formation.

Eduardo V. Navajas,* Konyong Xu†

*Department of Ophthalmology, Eye Care Centre, Vancouver General Hospital, University of British Columbia, Vancouver, B.C., Canada.; †Department of Ophthalmology, Hotel Dieu Hospital, Queen's University, Kingston, Ont., Canada.

Correspondence to:

Eduardo V. Navajas, MD: edunavajas@gmail.com

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A Ghostly OCT

October is the month when ghosts and goblins come alive. A 52-year-old male with known diabetic retinopathy was assessed after 4 months of decreased vision OS. Ocular



Fig. 1—Ocular coherence tomography showing diabetic macular edema and epiretinal membrane OS.

coherence tomography (OCT) revealed a terrifying sight. The cystic changes and retinal thickening related to diabetic macular edema give the impression of a ghost rising from the patient's fovea, a befitting image given that Halloween is rapidly approaching (Fig. 1). With anti-Vascular Endothelial Growth Factor (VEGF) therapy, this ghoul was banished, resulting in substantial visual recovery.

Mark E. Seamone,* Netan Choudhry,† Rishi Gupta*

*Dalhousie University, Halifax, N.S.; †Herzing Eye Institute, Toronto, Ont.

Correspondence to:

Mark E. Seamone, MD: mark.e.seamone@dal.ca

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Loss of red reflex due to trypan blue in a cataract operation

A 55-year-old female ruptured her left globe after falling on her walking stick. There was a 3-clock hour full-thickness laceration on the nasal corneal limbus with prolapsed iris and hyphema. A primary repair was performed. There was no evidence of rupture of the lens capsule, prolapse, or loss of the vitreous humour.

A fortnight later, her best corrected distant visual acuity (BCDVA) was 20/80 OS. She had mild inflammation in the anterior chamber, and funduscopy was unremarkable. Ultrasonography of the posterior segment did not reveal a posterior vitreous detachment.

Four months later, she developed a white cataract (Fig. 1) and her visual acuity had reduced to hand movements. The patient was keen to proceed with a cataract operation with prosthetic iris segment implant.