problem in urban children of low to lower middle socioeconomic strata in India.4-6

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Peripapillary Choroidal Thickening and Cavitation

In the February 2003 issue of the Archives, we described a new funduscopic lesion that we termed peripapillary detachment in pathologic myopia.1 Clinically, these lesions were seen as a well-circumscribed yellow-orange thickening at the inferior border of the myopic conus. First-generation optical coherence tomographic imaging appeared to show a peripapillary detachment of retinal pigment epithelium and retina. The lesions remained stable during a multiyear follow-up period and did not appear to affect visual function. Further studies, including one in the Archives by Shimada et al,2 supported our findings and added that peripapillary detachment in pathologic myopia could surround the entire optic disc and may be associated with abnormalities of retinal vasculature and with visual field defects. With newer-generation optical coherence tomographic imaging, Toranzo et al3 reevaluated these lesions and observed an intrachoroidal hyporeflective space with normal overlying retinal pigment epithelium and retina. This finding was inconsistent with our original description. They suggested a new term for the lesion, peripapillary intrachoroidal cavitation.

![Video available online at www.archophthalmol.com](https://archopht.jamanetwork.com)

We have followed the literature regarding these lesions and agree that our initial interpretation was inaccurate. We have reexamined this entity using enhanced depth imaging spectral-domain optical coherence tomography as de...
scribed by Spaide et al.1 Using this technique, we have noted that the characteristic peripapillary lesions may be associated with choroidal thickening with or without hyporeflective areas of cavitation (Figure 1, Figure 2, and video [http://www.archophthalmol.com]). We reaffirm the findings of Toranzo and colleagues; however, we propose the term peripapillary choroidal thickening and cavitation to more accurately reflect a spectrum of optical coherence tomographic findings associated with this lesion.

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Comment. Immediately after intravitreal injection, volume expansion causes an expected IOP elevation that is typically transient, with IOP normalization usually occurring within 30 minutes.2,3 Steroid-induced IOP elevation is a well-described phenomenon that has been reported to occur typically a few weeks after exposure to corticosteroids.4,6 Detection of a substantial IOP increase at the 4-day postinjection visit within a few days was unexpected and, to our knowledge, previously unreported. The reasons for elevated IOP in this time frame are unclear. There were no reports of triamcinolone detected in the anterior segment of these eyes.

The IOP was not measured 1 to 7 days after the initial treatment visit in the 330 laser-treated eyes; however, none of these eyes met IOP event criteria at the 4-month study visit. Whether an increase in IOP 1 to 7 days after the injection is related to the injection alone or to the steroid can-