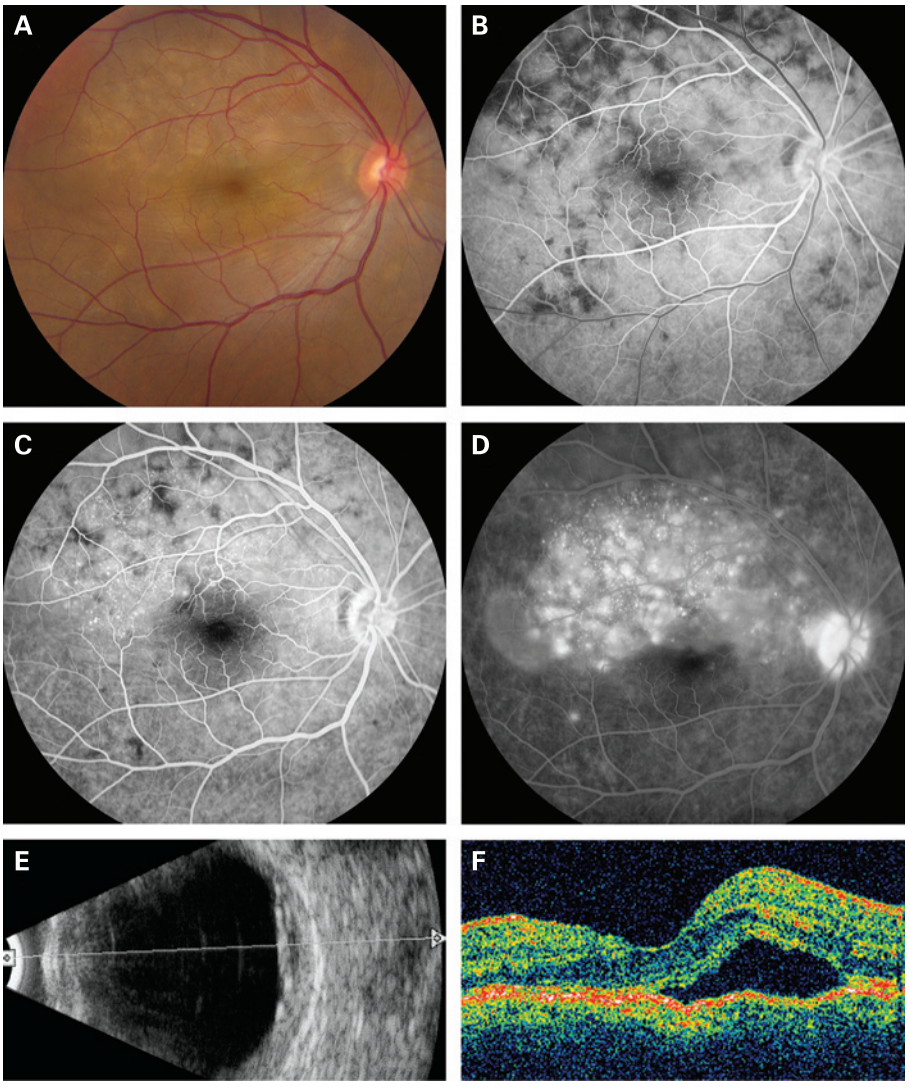

Figure 2 (A) Colour photograph of the right fundus of the patient in case 1 at presentation showing serous macular detachment with underlying choroidal nodules consistent with the diagnosis of Vogt–Koyanagi–Harada disease. (B–D) Fluorescein angiogram of the right eye showing multiple pinpoint leaks under the area of macular detachment followed in late frames by partial filling of the detachment space. (E) B-scan ultrasonography of the same eye showing a shallow serous retinal detachment associated with choroidal thickening, but no evidence of scleritis. (F) Optical coherence tomography (90°) showing neurosensory retinal detachment superior to the fovea.

CASE 3

A 43-year-old man presented with severe headaches and a unilateral panuveitis in the left eye associated with optic disc oedema and a serous retinal detachment involving the macula. The patient was treated with a 2-month course of oral prednisone. Eleven months later, the patient developed recurrent severe headaches and was observed to have a bilateral panuveitis associated with serous macular detachments. B-scan ultrasonography showed choroidal thickening and serous retinal detachment with minimal T-sign in both eyes. The patient was restarted on oral prednisone, resulting in excellent control of ocular inflammation.

DISCUSSION

VKH disease is almost always bilateral with fellow eye involvement at or within several weeks of presentation. Unilateral VKH disease, although rare, has been reported, however. Kouda and colleagues described a 38 year-old woman who was originally diagnosed as having posterior scleritis associated with a serous macular detachment in one eye who, 12 months later, developed bilateral VKH disease.[1] Forster and colleagues also described a 4-year-old boy who presented with unilateral clinical findings consistent with VKH disease, though B-scan ultrasonography showed choroidal thickening in the fellow eye.[2] We have presented three patients with VKH disease who had a significant delay in fellow eye involvement, ranging from 11 months to 6 years. Although typically bilateral, ophthalmologists should be aware that VKH disease may present unilaterally, with significantly delayed fellow eye involvement.

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CORRECTION

doi:10.1136/bjo.2007.114801corr1

The paper by Elgohary *et al* (*Br J Ophthalmol* 2007;**91**:916–21) should have had the doi: 10.1136/bjo.2006.109660. We have corrected the online version.