sight-threatening condition, for which there are no current therapeutic options.

The size and the scope of our article were limited by the nature of a retrospective chart review, which only allows analysis of follow-up that occurred within the defined time frame. Additional factors limiting the scope and length of the study included (1) the logistical and financial complexity involved in following up patients in two geographically separated states; (2) the differences in available equipment in the two institutions; and (3) the importance of sharing a potential new treatment with the ophthalmic community sooner rather than later.

The retrospective chart review process was begun while the senior author was at the University of Florida, and because he moved from Florida to Massachusetts, the analysis was carried out in Massachusetts, and appropriate Institutional Review Board approval from the Massachusetts site was obtained while the senior author was at the University of Florida. A prospective, multicentre, retrospective chart review reported on in the literature. To clarify, the size and the scope of our article were limited by the nature of a retrospective chart review in the USA, and we will be registering this clinical trial very soon at the US clinical trials website, http://www.clinicaltrials.gov.

On a separate note, as part of our current clinical practice in Massachusetts, several RP patients new to our practice have been treated with valproic acid; our clinical impressions of these new patients are similar to what was reported in our article.

There is mounting evidence that valproic acid may have potent neuroprotective properties and have other beneficial effects, and we have an intensive programme of in vitro and in vivo experiments (including mice models of RP) under way. The results of our experiments in the context of retinal degenerative conditions have been reported at recent meetings. We are planning to submit these data as articles to peer-reviewed journals.

Our work has been motivated by the spirit of translational research, with the goal of more quickly identifying a promising therapeutic approach and stimulating scientific interest and further research, based on preclinical data and unexpectedly positive vision function observed in a clinical setting. Repurposing drugs such as valproic acid, which have been shown to be safe, is an economical and time-efficient way to quickly bring new treatments to patients.

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CORRECTIONS

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In the previous issue, we listed a correction to the DOI of this article under the DOI: 10.1136/bjo.2006.109660corr1. The correct DOI is 10.1136/bjo.2006.109660; this is the DOI that the article was published with and the correction in the previous issue can be disregarded.

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M Maia, M E Farah, E B Rodrigues, et al. Subretinal Brilliant Blue G migration during internal limiting membrane peeling. Br J Ophthalmol 2009;93:1687. The order of the authors in this article was published incorrectly; the correct order is: Malerbi FK, Maia M, Farah ME, Rodrigues EB.
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.

REFERENCES


CORRECTION

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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.