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 published in the article.

The valproic acid treatment regimen analysed retrospectively in the charts of the seven patients is detailed in the article. Prospective follow-up was not carried out, nor is it allowed under the mandate of a retrospective chart review. To clarify, the treatment of patients with valproic acid has not been stopped for any of the patients who tolerated it well (most of the patients). Our retrospective chart review, which only allows analysis of follow-up, 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, USA; 2University of Florida, Gainesville, Florida, USA

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