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Intravitreal ranibizumab for the treatment of choroidal neovascularization secondary to ocular toxoplasmosis

Dear Editor,

We read the article by Shah *et al.*^[1] with great interest. At first, we would like to congratulate the authors for a very nice case reported here. We have a few comments to make on this case report.

1. Inflammatory choroidal neovascular membrane (CNVM) is not so uncommon to be seen as reported in the case and it may be associated with toxoplasmosis, tuberculosis, etc.^[2,3]
2. Subretinal fluid (SRF) mentioned in Fig. 1 (color picture) is not very well supported by Fig. 2 where optical coherence tomography (OCT) does not show any SRF. Instead, it does show scarring.
3. Blocked fluorescence seen in Fig. 2 may be due to the pigmentation around the lesion which may be a sign of longstanding lesion with retinal pigment epithelium (RPE) alteration.
4. Hyperfluorescence seen in Fig. 2 may be staining of scar as it is a late phase angiogram picture. No early phase picture is shown in the support of early leak of CNVM.
5. Fig. 3 is shown in the article as no leak with regressed CNVM, which is an early phase picture and it may take stain in late phase as in Fig. 2 if it was only scar. It is well supported by the OCT showing shadowing of the reflectivity behind the scar.
6. Both the OCTs shown in Figs. 2 and 3 are probably not passing through the same place, so we cannot compare the reflectivity and shadowing of these two pictures.

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