Reviewer's report

Title: Atypical Vitelliform Macular Dystrophy Misdiagnosed as Chronic Central Serous Chorioretinopathy: Case Reports

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Reviewer: Taiichi Hikichi

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The authors reported two cases of atypical vitelliform macular dystrophy misdiagnosed as chronic central serous chorioretinopathy. Two cases showed bilateral macula atrophic lesions, macular serous retinal detachment, multiple leakages around the central hypofluorescent area on fluorescein angiography, and decreasing autofluorescence in the subretinal fluid area and increasing autofluorescence at the border of the serous retinal detachment on fundus autofluorescence. Although both patients were diagnosed with chronic central serous chorioretinopathy and photodynamic therapy and intravitreal bevacizumab injection were administered, neither patient showed improvement. Genetic examination made the diagnosis as vitelliform macular dystrophy in both cases.

Two cases presented by Dr. Lee and associates were very interesting. In fact, it is difficult to diagnose a case with atypical findings of vitelliform macular dystrophy. Those two cases are very thought-provoking.

1. Although the authors stated that fluorescein angiography showed multiple fluorescent leakages, is there possibility that the hyper fluorescence was window defect? To confirm the hyper fluorescence as fluorescent leakage, please present both early and late phase photos of fluorescein angiography.

2. If the authors still think that multiple hyper fluorescences on fluorescein angiography as fluorescent leakage, why did photodynamic therapy and intravitreal bevacizumab injection have no efficiency?

3. Are the presented fluorescein angiographies atypical findings as those in cases of chronic central serous chorioretinopathy?