The following authors have no financial disclosures: Myriam Dhundass, Raphaël Lejoyeux, and Ari Shinojima.

REFERENCES

1. Bousquet E, Dhundass M, Lejoyeux R, et al. Predictive factors of response to mineralocorticoid receptor antagonists in nonresolving central serous chorioretinopathy. *Am J Ophthalmol* 2018;198:80–87.
2. Bousquet E, Bonnin S, Mrejen S, Krivosic V, Tadayoni R, Gaudric A. Optical coherence tomography angiography of flat irregular pigment epithelium detachment in chronic central serous chorioretinopathy. *Retina* 2018;38(3):629–638.
3. Sacconi R, Baldin G, Carnevali A, et al. Response of central serous chorioretinopathy evaluated by multimodal retinal imaging. *Eye (Lond)* 2018;32(4):734–742.

Predictive Factors of Response to Mineralocorticoid Receptor Antagonists in Nonresolving Central Serous Chorioretinopathy

EDITOR:

WE READ THE ARTICLE BY BOUSQUET AND ASSOCIATES[1] with great interest. We applaud them for proposing a cut-off value for subfoveal choroidal thickness (SFCT) as a predictive factor for treatment response to mineralocorticoid receptor antagonists (MRA). However, we would like to comment upon few points.

Table 2 mentions choroidal neovascular membrane (CNVM) was detected on optical coherence tomography angiography (OCTA) in a total of 6 patients; the methodology, however, does not seem to include OCTA as a part of multimodal imaging. Furthermore, as CNVMs have an altogether different treatment protocol and eplerenone has no activity on CNVM, we believe that these cases should have been excluded.

It would have been better for the understanding of readers if the authors would have discussed the rationale for switching the eplerenone to spironolactone in 3 patients, given that they have stated in the discussion that spironolactone had higher numbers of adverse events. Zola and associates recommended switching from spironolactone to eplerenone at 3 months.[2] Treatment was discontinued in 9 patients overall owing to various adverse effects, but it is not elaborated at what point of time treatment was discontinued. This may hold a bearing, as these patients were included in the analysis until the end of the study. Also, there was no rescue treatment mentioned for nonresponders, patients with recurrences, and patients who discontinued because of adverse effects. Chin and associates reported greater decrease in central macula thickness in the spironolactone group.[3] Thus subgroup analysis on the clinical efficacy of both drugs would have been useful.

There was a significantly higher proportion of steroid users in the nonresponder group. Steroids can cause structural alterations in the Bruch membrane,[4] and their use might have an impact on nonresolution.

There are a few minor typographical errors that we want to bring to attention: (1) retrospective clinical study in place of clinical trial; (2) in Table 1, 60 eyes are mentioned at 3 months and if we calculate 22 eyes should be having subretinal fluid resolution.

Despite these few points, this article has been the first article to determine a cut-off value for identifying nonresponders to MRA among the all nonresolving central serous chorioretinopathy patients. This will help us in future for treatment and prognostication of our patients.

UPMA AWASTHI
ROHINI GROVER
ABHISHEK VARSHNEY
CHETAN VIDEKAR
Moradabad, India

FUNDING/SUPPORT: NO FUNDING OR GRANT SUPPORT. Financial Disclosures: The following authors have no financial disclosures: Upma Awasthi, Rohini Grover, Abhishek Varshney, and Chetan Videkar. The authors attest that they meet the current ICMJE criteria for authorship.

REFERENCES

1. Bousquet E, Dhundass M, Lejoyeux R, et al. Predictive factors of response to mineralocorticoid receptor antagonists in nonresolving central serous chorioretinopathy. *Am J Ophthalmol* 2019;198:80–87.
2. Zola M, Daruich A, Matet A, Mantel I, Behar-Cohen F. Two-year follow-up of mineralocorticoid receptor antagonists for chronic central serous chorioretinopathy. *Br J Ophthalmol* 2018;0:1–6.
3. Chin EK, Almeida DR, Roybal CN, et al. Oral mineralocorticoid antagonists for recalcitrant central serous chorioretinopathy. *Clin Ophthalmol* 2015;9:1449–1456.
4. Oikarinen AI, Uitto J, Oikarinen J. Glucocorticoid action on connective tissue: from molecular mechanisms to clinical practice. *Med Biol* 1986;64:221–230.