

clearly depicts the involvement of the intraretinal and subretinal spaces in this condition. Intraretinal cysts, lamellar hole, subretinal fibrosis and speckled intraretinal yellow-red hyper-reflectivity have been reported.²

We report identical twin sisters with group-2A JXT.

Case 1

A 63-year-old woman, a smoker, presented with 4 months' history of right metamorphopsia. She was diagnosed with subretinal neovascularisation (SRNV) in the left eye 7 years previously. The corrected visual acuities were 20/50 OD and 20/30 OS. Right funduscopy revealed dilated right-angled venules and loss of retinal transparency supero-temporal to the fovea (fig 1A). The left eye showed juxtafoveal hyperpigmented scars (fig 1B). Fluorescein angiography (FA) in the early phase showed right-angled venules leading to a network of proliferating vessels in the deeper retina, forming a retinal-retinal anastomosis in the right eye (fig 1C) and the late phase showed perifoveolar retinal leakage (fig 1D). OCT showed a non-reflective space at the fovea in both eyes (fig 2A, 2B).

Case 2

The identical twin sister of the first patient, a non-smoker, presented with transient metamorphopsia in the left eye. The corrected visual acuities were 20/30 in both eyes. Funduscopy showed typical right-angled vessels and crystalline yellow macular deposits. OCT demonstrated lamellar cysts at the fovea in both eyes (fig 2C, 2D).

Comment

Menchini *et al.* reported monozygotic twins with JXT with identical fluorescein patterns.³ The identical twins with JXT, as reported by Siddiqui *et al.*, had a similar non-proliferative stage of the disease, with different fluorescein patterns.⁴ We report the third set of monozygotic twins with group-2A JXT, one who is a smoker with stage 5 proliferative changes and the other who is a non-smoker with stage 3 disease. Frank Holz used fundus autofluorescence imaging to record the macular pigment density and distribution in JXT.⁵ He found significant depletion of luteal pigment in the

macular area, with a well-defined ring-shaped increase at the peripheral margin in group-2A JXT. He suggests that primary dysfunction of retinal pigment epithelium (RPE), glial or Mueller cells leads to abnormal transport of macular pigments, lutein and zeaxanthin. The vascular alterations occur as a secondary phenomenon.⁵ This may explain why the twin who is a smoker has a more advanced stage of the disease, with development of SRNV. The addition of our report to the literature strengthens the implications for a genetic predisposition to this condition. Advice against smoking should be given to those who have the condition, as well as to other members of the family.

OCT showed inner lamellar cysts with normal retinal thickness. The high-intensity RPE signal was uniform in appearance except in the left eye of twin 1, who had a previous SRNV.

OCT constitutes a quick and non-invasive diagnostic tool in monitoring the progressive loss of the outer retina as well as the advent of SRNV in these patients.

**Shabeeba R Hannan,
Krishnappa C Madhusudhana,
Christina Rennie, Andrew J Lotery**
Southampton Eye Unit, Southampton, UK

Correspondence to: Prof Andrew Lotery, Southampton Eye Unit, Tremona Road, Southampton SO16 6YD, UK; a.j.lotery@soton.ac.uk

doi: 10.1136/bjo.2007.115675

Accepted 16 March 2007

Competing interests: None.

References

- 1 Gass JDM, Blodi BA. Idiopathic juxtafoveal retinal telangiectasia: Update of classification and follow-up study. *Ophthalmology* 1993;100:1536-46.
- 2 Albin TA, Benz MS, Coffee RE, *et al.* Optical coherence tomography of idiopathic juxtafoveal telangiectasia. *Ophthalm Surg Lasers Imaging* 2006;37:120-8.
- 3 Menchini U, Virgili G, Bandello F, *et al.* Bilateral juxtafoveal telangiectasia in monozygotic twins. *Am J Ophthalmol* 2000;129:401-3.
- 4 Siddiqui N, Fekrat S. Group 2A idiopathic juxtafoveal retinal telangiectasia in monozygotic Twins. *Am J Ophthalmol* 2005;139:568-70.

- 5 Holz F G. Macular telangiectasia and autofluorescence. Paper presented at the American Academy of Ophthalmology, Retina Subspecialty Day; 10-11 November 2006, Las Vegas, USA. Abstract book p.161-3.

NOTICES

Second Sight

Second Sight would like to hear from experienced Indian eye surgeons returning to India after training/working in the UK. Second Sight is a London based charity dedicated to the elimination of cataract blindness in India.

Further details: Dr Lucy Mathen, lucymathen@yahoo.com.

Inaugural Asia Cornea Society Scientific Meeting

13-14 March 2008, Shangri La's Rasa Sentosa Resort, Singapore.

Further details: Fax +65 6227 7291; Email acs@snecc.co.sg.

Singapore National Eye Centre - 18th Anniversary International Meeting

14-17 March 2008, Suntec City Convention Centre, Singapore.

Further details: Tel +65 6322 8374; Fax +65 6227 7290; Email meet@snecc.com.sg.

2008 International Agency for the Prevention of Blindness (IAPB) 8th General Assembly

28 July-2 August 2008, Centro de Convenções Reboças, Sao Paulo, Brazil

Further details: Email agency@lvpei.org.

Neuro-Ophthalmology and Strabismus - 2008 European Professors in Ophthalmology (EUPO) Residents' Course

5-6 September 2008, Geneva, Switzerland.

This course organised by Professor Avinoam B Safran will provide an overview and an update on recent advances in neuro-ophthalmology and strabismus.

Further details: <http://euipo.eu>.