## Topiramate and rhegmatogenous retinal detachment

## Sir,

We read with interest the letter by Dey *et al.*, about Topiramate and Rhegmatogenous Retinal Detachment (RRD).<sup>[1]</sup> It is a good observation. However, we disagree with the basic presumption that topiramate caused the RRD which these two patients have suffered. Flashes of light and floaters are signs of acute posterior vitreous detachment (PVD) and that is associated with RRD.<sup>[2,3]</sup> The two patients had these symptoms. The second patient had lattice degeneration which itself is a risk factor for RRD.<sup>[4]</sup>

The mention that RRD was just barraged with laser in the first patient in both eyes also needs explanation. The argument that topiramate causes ciliochoroidal effusion and subsequent angle closure is a known side-effect.<sup>[5-8]</sup> But RRD occurs due to a different pathomechanism involving PVD, occurrence of a retinal hole and subretinal fluid.<sup>[9]</sup> Not all patients of RRD need to be having preexisting retinal tears.

We conclude that trying to associate use of topiramate and RRD is far fetched and may unduly influence physicians not to use the drug in myopes.

## Sribhargava Natesh

Narayana Nethralaya Superspeciality Eye Hospital, 121/c.Chord Road, Rajajinagar, 1<sup>st</sup> Block, Bangalore-560 079, India. E-mail: sribhargava\_natesh@yahoo.com

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