

**COMMENT ON: OPTIC NEURITIS IN SINGAPORE**

Dear Sir,

We recently read with great interest the article, "Optic neuritis in Singapore", written by Lim et al in your esteemed journal.<sup>(1)</sup> We would like to comment on this article because very few studies about optic neuritis come out of Asia and the subject is very important.

Firstly, it might be unsuitable to compare demographical and clinical characteristics of the optic neuritis patients in Lim et al's study with those in the Optic Neuritis Treatment Trial (ONTT), and the studies by Lin et al and Wakakura et al. The latter three studies only enrolled patients with idiopathic optic neuritis.<sup>(2-4)</sup> Their patients were at risk of developing multiple sclerosis but no evidence of compressive, toxic, metabolic, hereditary and infectious optic neuritis was found. Thus, it does not seem to have much meaning to make a comparison with these studies because of obvious differences in the inclusion criteria.

Secondly, some patients in Lim et al's study might be too old, even up to 70 years old. It is very difficult to differentiate optic neuritis in old patients from ischaemic optic neuropathy. We think it was necessary to inform readers how to differentiate these two conditions from each other in the article. Additionally, some patients, especially children, may develop optic neuritis following a viral illness. We are very interested to know whether there were any clinical or laboratory findings suggesting a viral infection before optic neuritis occurred in their patients.

Thirdly, the criteria differentiating bilateral from unilateral optic neuritis is very important. In the ONTT, which studied unilateral optic neuritis, visual field defects in the fellow eye were common.<sup>(5)</sup> 6.4% of Lim et al's cases were bilateral optic neuritis. We believe the visual defects in some bilateral cases in the authors' study are unsymmetrical. In this condition, it is probably hard to judge whether the optic neuritis is unilateral or bilateral. In addition, Lim et al might have made a mistake in calculating the proportion of bilateral optic neuritis in de la Cruz and Kupersmith's study. 6.4% may be right, but 6.8% is not.<sup>(6)</sup> Although the two numbers are similar, such a mistake should not appear in a high quality article.

Finally, we think the statement "half of Asian ON cases appear to be idiopathic, and a quarter have causes other than MS"<sup>(1)</sup> is not accurate, as Singapore is only one country, and the result may not represent the whole of Asia. More studies on optic neuritis in Asian populations are strongly needed.

Yours sincerely,

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