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Letter to the editor

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Dear Sir:

I read with interest the recent publication of Garcia et al. [1]. Patients with primary rhegmatogenous retinal detachment were found to have no increase in titers of autoantibodies to retinal S-Antigen. However, patients undergoing a "reoperation" for retinal detachment were found to have higher titers than either patients with primary detachments or controls. Two important questions should be addressed:

1. What was the duration of retinal detachment prior to the first operation and how did autoantibody titers correlate (if at all) with the duration of detachment?
2. Was subretinal fluid drained at the time of the first operation?

It is known [2] that in patients with retinal detachments, subretinal fluid contains retinal S-Antigen and that these levels increase during the first 2 weeks of detachment. If there is a relationship between the antigenic dose and autoantibody formation, there may be a correlation between the duration of retinal detachment and the titers of autoantibodies.

If sclerotomy and perforation of the choroid were carried out to achieve subretinal fluid drainage during the first operation, this could be the means by which retinal antigens were introduced/exposed to the immune system. Again, a correlation of the duration of retinal detachment prior to primary repair (as an indirect index of subretinal fluid S-Antigen levels) with the titers of autoantibodies detected at reoperation could be revealing.

References

1. Garcia H, Daute C, Calderou G, Antonio P (1988) Production of specific retinal S-Antigen antibodies in patients with retinal detachment. Graefe's Arch Clin Exp Ophthalmol 226:428–430
2. Sebag J, Thuyen VV, Faure JP, Chauvaud D, Pouliquen Y (1986) Retinal S-Antigen in human sub-retinal fluid. Invest Ophthalmol Vis Sci 28:2038–2041

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