
TO THE EDITOR: We read the article by Zur et al1 with great interest. The authors mention that for every increase in a vitreoretinal interface measure (detached, vitreomacular adhesion, vitreomacular traction), the patient was more likely to gain >10 letters in best-corrected acuity at 4 months. However, it is not clearly mentioned in the Methods section how exactly these interface values are measured. Moreover, in contradiction, the authors mention in the Discussion that the presence of subretinal fluid, photoreceptor ellipsoid zone continuity, absent hyperreflective foci, and an “attached” vitreoretinal interface were identified as biomarkers predicting better visual outcome after dexamethasone implants in eyes with diabetic macular edema.

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