

Reply to letter to editor: acute angle closure in dengue: previous case reports

Resposta a carta ao editor: fechamento agudo do ângulo na dengue: relatos de casos anteriores

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Dear Editor:

We would like to thank Levaggi et al for replying to the issue of bilateral acute angle closure in a patient with dengue⁽¹⁾. As mentioned, angle closure is a possible ocular issue in dengue, even if it usually is a forgotten or underreported issue. As noted in the review by Ranjan and Ranjan in reference to previously published articles⁽²⁻⁴⁾, “Other rarely reported anterior segment signs include dengue-related shallowing of anterior chamber with normal intraocular pressure (IOP) following bilateral choroidal effusion, and shallow anterior chamber with raised IOP due to bilateral angle closure glaucoma in a patient with dengue fever”⁽²⁾. Regarding the claim that there should be other similar reports on acute angle closure in dengue in addition to the two published in *Arq Bras Oftalmol*, we can confirm the similar nature of the reports by Stewart et al⁽⁴⁾ and Saranappa et al⁽⁵⁾, and the report by Nagaraj et al on a dengue patient with acute increased IOP due to hemorrhagic episode-another good example confirming that the problem of IOP abnormality due to dengue pathology is real⁽⁶⁾. However, we still

maintain that there are only two reports of bilateral acute angle closure. In fact, a case of acute angle closure developed few days after dengue is also reported in the literature, but in that case, another bacterial infection was mentioned as the cause of the problem⁽⁷⁾.

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