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CORRESPONDENCE

Sir,

Methodological remarks concerning the recent meta-analysis on the effect of intravitral bevacizumab in central serous chorioretinopathy

We read with great interest the recent meta-analysis by Chung *et al*,[1] which reached important conclusions about the effect of intravitral bevacizumab in central serous chorioretinopathy; nevertheless, some methodological issues need to be addressed concerning this meta-analysis.[1]

Specifically, the authors state that 'The mean difference and SD at the 6-month follow-up were calculated from the data in the included studies.' This seems an intriguing statement that should be further clarified by the authors to substantiate the validity of the meta-analysis and guarantee the reproducibility of their results. The included studies presented mean ± SD at baseline and at the 6-month time point; the SD of the difference (with the latter representing a new measure) was not provided by the included articles.

Given that the variance of a an A–B difference inherently necessitates knowledge about the covariance (A, B), any attempt to estimate the SD of the difference would imply assumptions about the covariance; the latter is not negligible and seems of corollary importance in light of the longitudinal nature of the baseline—6-month comparison. Therefore, the authors should disclose their assumptions regarding the calculation of covariance and provide the relevant formulas with the corresponding statistical references supporting their approach; critical discussion of any limitations potentially stemming from such assumptions would be of interest.

An alternative way would be contact with the authors of each study, asking them to calculate *de novo* the difference and provide the meta-analysts with the exact SD data. Nevertheless, Chung *et al* did not provide any statement disclosing contact with the authors of individual studies.

In conclusion, thorough clarification of the methods used by Chung *et al*[1] seems desirable, so as to further solidify the validity of their approach. Reliable calculation of variance often represents a challenging notion in the field of meta-analysis.

Conflict of interest

The authors declare no conflict of interest.

Reference

1 Chung YR, Seo EJ, Lew HM, Lee KH. Lack of positive effect of intravitreal bevacizumab in central serous chorioretinopathy: meta-analysis and review. *Eye* 2013; **27**: 1339–1346.

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Sir,

Reply to 'Lack of positive effect of intravitreal bevacizumab in central serous chorioretinopathy: meta-analysis and review'

We appreciate the interest of Sergentanis and Chatziralli in our published manuscript, 'Lack of positive effect of intravitreal bevacizumab in central serous chorioretinopathy: meta-analysis and review.'[1] They have addressed methodological issues concerning meta-analysis because the SD of difference was not provided in the manuscript.

We absolutely agree that it would have been more meaningful meta-analysis if we contacted the authors of each study, asking them to calculate *de novo* the difference as Sergentanis and Chatziralli have rightly pointed out. Alternatively, Hedges *g* formula for pooled SD was used to estimate difference SD. And then, paired SD was calculated, as follows, pooled SD × sqrt(2 × 1 − *r*)).

Although our meta-analysis failed to verify the positive effect of IVB in CSC, the outcome of this treatment is still unknown owing to many limitations, such as small sample sizes, clinical heterogeneity, and methodology. Therefore, further investigation including more studies with larger scales and better methodologies will help to clarify the uncertain relationship between CSC and IVB.

Reference

1 Chung YR, Seo EJ, Lew HM, Lee KH. Lack of positive effect of intravitreal bevacizumab in central serous chorioretinopathy: meta-analysis and review. *Eye* 2013; **27**: 1339–1346.

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Sir,

Opaque intraocular lens implantation

We read with interest the recent correspondence by Yusuf *et al*[1] describing the factors influencing black intraocular lens (IOL) selection for intractable diplopia.

We present retrospective data on our experience with opaque IOLs over a span of 11 years (2003–2014) at our tertiary strabismus and vitreoretinal referral centre in Scotland. Our findings are summarised in Table 1.

Five of our six patients were phakic, and underwent routine phacoemulsification surgery, with insertion of a custom-made Ophtec 0.0D black polycarbonate Ani II ('no hole') IOL into the capsular bag. This lens takes ~12–14 weeks to manufacture, and technical specifications are shown in Figure 1. Its 9-mm optic diameter allows implantation in the capsular bag, and limits side illumination in scotopic conditions. However, as