clearly depicts the involvement of the intraretinal and subretinal spaces in this condition. Intraretinal cysts, lamellar hole, subretinal fibrosis and speckled intraretinal yellow-red hyper-reflectivity have been reported.6

We report identical twin sisters with group-2A JXT.

Case 1
A 63-year-old woman, a smoker, presented with 4 months’ history of right metamorphopsia. She was diagnosed with subretinal neovascularisation (SRNVM) in the left eye 7 years previously. The corrected visual acuities were 20/50 OD and 20/30 OS. Right fundoscopy revealed dilated right-angled vessels and loss of retinal transparency supra-temporal to the fovea (fig 1A). The left eye showed juxtafoveal hyperpigmented scars (fig 1B). Fluorescein angiography (FA) in the early phase showed right-angled vessels leading to a network of proliferating vessels in the deeper retina, forming a retinal-retinal anastomosis in the right eye (fig 1C) and the late phase showed perifoveolar retinal leakage (fig 1D). OCT showed a non-reflective space at the fovea in both eyes (fig 2A, 2B).

Case 2
The identical twin sister of the first patient, a non-smoker, presented with transient metamorphopsia in the left eye. The corrected visual acuities were 20/30 in both eyes. Fundoscopy showed typical right-angled vessels and crystalline yellow macular deposits. OCT demonstrated lamellar cysts at the fovea in both eyes (fig 2C, 2D).

Comment
Menchini et al. reported monzygotic twins with JXT with identical fluorescein patterns.8 The identical twins with JXT, as reported by Siddiqui et al., had a similar non-proliferative stage of the disease, with different fluorescein patterns.8 We report the third set of monozygotic twins with group-2A JXT, one who is a smoker with stage 5 proliferative changes and the other who is a non-smoker with stage 3 disease. Frank Holz used fundus autofluorescence imaging to record the macular pigment density and distribution in JXT.7 He found significant depletion of luteal pigment in the macular area, with a well-defined ring-shaped increase at the peripheral margin in group-2A JXT. He suggests that primary dysfunction of retinal pigment epithelium (RPE), glial or Mueller cells leads to abnormal transport of macular pigments, lutein and zeaxanthin. The vascular alterations occur as a secondary phenomenon.7 This may explain why the twin who is a smoker has a more advanced stage of the disease, with development of SRNVM. The addition of our report to the literature strengthens the implications for a genetic predisposition to this condition. Advice against smoking should be given to those who have the condition, as well as to other members of the family.

OCT showed inner lamellar cysts with normal retinal thickness. The high-intensity RPE signal was uniform in appearance except in the left eye of twin 1, who had a previous SRNVM.

OCT constitutes a quick and non-invasive diagnostic tool in monitoring the progressive loss of the outer retina as well as the advent of SRNVM in these patients.

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References

Second Sight
Second Sight would like to hear from experienced Indian eye surgeons returning to India after training/working in the UK. Second Sight is a London based charity dedicated to the elimination of cataract blindness in India.
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Inaugural Asia Cornea Society Scientific Meeting
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Singapore National Eye Centre – 18th Anniversary International Meeting
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2008 International Agency for the Prevention of Blindness (IAPB) 8th General Assembly
28 July–2 August 2008, Centro de Convenções Rebouças, Sao Paulo, Brazil
Further details: Email agency@lvpei.org.

Neuro-Ophthalmology and Strabismus – 2008 European Professors in Ophthalmology (EUPO) Residents’ Course
This course organised by Professor Avinoam B Safran will provide an overview and an update on recent advances in neuro-ophthalmology and strabismus.
Further details: http://eupo.eu.