

## Reply to: Non-Exudative Perifoveal Vascular Anomalous Complex: the Subclinical Stage of Perifoveal Exudative Vascular Anomalous Complex?



WE THANK VERHOEKX AND ASSOCIATES FOR THEIR INTEREST in our article<sup>1</sup>. We are grateful to have the opportunity to address their concerns.

The exudative form of perifoveal vascular anomalous complex (ePVAC), also known as perifoveal exudative vascular anomalous complex (PEVAC), was extensively reported in the previous series by our group and others.<sup>2-5</sup> As underlined by our group<sup>2</sup> and by Verhoekx and associates,<sup>5</sup> some cases may be characterized by the spontaneous resolution of exudation during follow-up, featuring the non-exudative form of PVAC (nePVAC). However, it must be noted that one of the inclusion criteria in our paper was the absence of evidence of intraretinal or subretinal fluid by structural optical coherence tomography (ie, signs of exudation) at the baseline visit.<sup>1</sup> Thus, in our series, we did not include cases with a resolution of the exudation during follow-up but only nePVAC, detected at the baseline evaluation that had exudation during the follow-up. For that reason, we concluded that, in our series, nePVAC may represent the subclinical pre-exudative stage of ePVAC, notable for the absence of exudation or visual impairment or both. Indeed, we agree with Verhoekx and associates that, because in some cases ePVAC could show spontaneous resolution of the exudation, featuring the nePVAC lesion, exudation related to ePVAC could show a sequence of changes during the follow-up, also without treatment. Therefore, we cannot exclude the fact that, even in our series, some cases presenting as nePVAC might

have been previously exudating (ie, ePVAC) but were included in the study at a nonexudative stage.

In conclusion, nePVAC could represent the subclinical pre-exudative stage of ePVAC but also a stage of ePVAC during the natural history of the disease. That evidence strengthens the suggestion that nePVAC and ePVAC should be considered part of the same entity, namely PVAC, because they could represent different stages of the disease.

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### REFERENCES

1. Sacconi R, Borrelli E, Sadda S, et al. Nonexudative perifoveal vascular anomalous complex: the subclinical stage of perifoveal exudative vascular anomalous complex? *Am J Ophthalmol* 2020;218:59–67.
2. Sacconi R, Freund KB, Yannuzzi LA, et al. The expanded spectrum of perifoveal exudative vascular anomalous complex. *Am J Ophthalmol* 2017;184:137–146.
3. Mrejen S, Le HM, Nghiem-Buffet S, Tabary S, Quentel G, Cohen SY. Insights into perifoveal exudative vascular anomalous complex. *Retina* 2020;40(1):80–86.
4. Kim JH, Kim JW, Kim CG, Lee DW. Characteristics of perifoveal exudative vascular anomalous complex in Korean patients. *Semin Ophthalmol* 2019;34(5):353–358.
5. Verhoekx JSN, Smid LM, Vermeer KA, et al. Anatomical changes on sequential multimodal imaging in perifoveal exudative vascular anomalous complex. *Retina* 2020; <https://doi.org/10.1097/IAE.0000000000002809>.