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## REPLY

WE APPRECIATE THE INSIGHTFUL COMMENTS OF DR OH concerning our article, in which we describe the correlation between the recovery of foveal microstructure and visual function after macular hole (MH) closure.<sup>1</sup> We reported that the presence of photoreceptor inner/outer segment (IS/OS) junction was correlated with good visual recovery after MH surgery.<sup>2</sup> Using spectral-domain optical coherence tomography (OCT), we found that the restoration of external limiting membrane (ELM) is closely associated with that of the IS/OS junction.<sup>1</sup>

Dr Oh provided additional points of view concerning our observations. He pointed out that change in foveal contour such as thickening or widening of the foveal center, which was observed on the serial OCT images in our Figure 3, may be the result of the regeneration or rearrangement of retinal layers. In reply to this comment, we re-examined the postoperative OCT images in our study and investigated the relationship between central foveal thickness (CFT) and length of IS/OS junction or ELM defect. There was a significant negative relationship between postoperative CFT and postoperative IS/OS junction defect ( $r = -0.37, P = .0173; r = -0.40, P = .0099; r = -0.53, P = .0006$ ; at 1, 3, and 6 months, respectively). The correlation between postoperative CFT and ELM defect was significant only at 1 month ( $r = -0.38, P = .0138$ ). These data suggest that IS/OS junction or ELM restoration is accompanied by foveal thickening. The reason for the absence of correlation between CFT and ELM defect at 3 and 6 months may be because ELM defect was 0  $\mu\text{m}$  in most eyes at these times. There was no significant correlation between postoperative CFT and visual acuity ( $P > .05$  for all), which was consistent with the previous report.<sup>3</sup> The visual outcome may not be dependent on CFT, but rather on the IS/OS junction or ELM restoration.

In traumatic MH, we reported a bridge formation of the tissue, which mimicked foveal detachment, in the process of spontaneous MH closure.<sup>4</sup> In our study, we observed foveal detachment in 28% of eyes at 1 month, 12% at 3 months, and 7% at 6 months. There was no significant difference of IS/OS junction or ELM defect between eyes with and without foveal detachment at each observation point ( $P > .05$  for all).

We agree with Dr Oh's comment that changes in foveal contour also were influenced by the factor that the serial images may not have been obtained exactly in the same

location. Bottoni and associates analyzed changes of the outer retina after MH repair using Spectralis OCT (Heidelberg Engineering, Heidelberg, Germany) with the AutoRescan function, which automatically guides the OCT instrument to scan the same location.<sup>5</sup> However, there may be a slight variation of the position in their serial images, as also pointed by the authors. We also agree with the comment that "3 or 6 months seems too short of a time for the outer foveolar defect to be healed completely." It has been reported that outer foveolar defect was observed in one third of the eyes at 12 months.<sup>6</sup> In our study, we found incomplete restoration of IS/OS junction in 70% at 6 months. Thus, further studies to evaluate the recovery of foveal microstructure for a longer period are needed.

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**Conflict of Interest Disclosures:** See the original article<sup>1</sup> for any disclosures of the authors.

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## Miami to Japan Eye-Care Rescue Mission: Vision Van Helps with Relief Efforts

EDITOR:

THE DEVASTATING EARTHQUAKE OF MARCH 11—THE BIGGEST disaster of modern Japan—hit the northeastern part of the island nation; the subsequent tsunami struck and destroyed almost all coastal villages and cities, leaving

more than 20 000 either dead or missing.<sup>1</sup> The destruction was so severe that communication infrastructures and transportation systems were disabled, leading to challenges for rescue and recovery as well as lack of supplies and gasoline. Thousands of survivors were homeless and without immediate medical care.

As reported in Haiti, a quick rescue response is critical.<sup>2</sup> However, in this case, eye care needs were considered minor given the magnitude of this disaster. Yet, many survivors lost their eyeglasses or medicines. A complete eye examination requires basic ophthalmic instruments, so a visit by an ophthalmologist with minimal instrumentation may not be effective. Thus, we sought to deliver urgent eye care with a mobile vision care facility.

The media in the United States had reported the use of Bascom Palmer Eye Institute's Vision Van in New Orleans after Hurricane Katrina in 2005 to aid in the treatment of visual casualties.<sup>3</sup> This van is equipped with modern specialized eye instrumentation necessary for examinations. Arrangements were made to borrow the van, and the initial challenge of transporting the van was overcome through the offer from Volga-Dnepr Airlines for the use of the Anotov An-124—the world's largest cargo airplane. This international assistance made it possible to transport the Vision Van from Miami to Sendai Airport, where it began rotating between Iwate and Miyagi prefectures, visiting evacuation centers in coastal cities on a weekly rotation. Volunteer ophthalmologists simply go to the care site and provide eye care to the evacuees in these remote areas. Additionally, care for chronic eye disorders such as diabetic retinopathy, glaucoma, and age-related macular degeneration is necessary to preserve vision and prevent further vision loss. During the first 12 clinic days of the Vision Van's rotation, 567 patients were seen, averaging 47 patients per day. Overall, the primary eye-related trouble for evacuees has been the loss of eyeglasses and treatment for pre-existing conditions.

The international collaboration involved in this ambitious endeavor was successful. Mobile vans are useful in such situations, and we would like to propose to world leaders that emergent medical systems be prepared as a precaution. Initially, the *Mission Vision Van* seemed impos-

sible, but became *Mission Possible* through the efforts of many, and for that, we are most grateful.

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