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### Letter to Editor

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# What the eye tells about mitochondrial disorders

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# LETTER TO THE EDITOR

With interest we read the review article by Kisilevsky *et al.*, about the ophthalmologic involvement in mitochondrial disorders (MIDs) (Kisilevsky, E. *et al.*, 2019). The review has a number of limitations and raises concerns.

We do not agree that ophthalmologic involvement only occurs in syndromic MIDs, as indicated in table 1 (Kisilevsky, E. *et al.*, 2019). Since non-syndromic MIDs are more frequent than syndromic MIDs, ocular involvement is, most likely, also more frequent in non-syndromic MIDs. This issue needs to be discussed and highlighted as non-syndromic MIDs are more difficult to diagnose and require contributions from all professions being involved in the management of MID patients, including the ophthalmologist, for accurate detection. Thus, if the ophthalmologists detects abnormalities indicating a MID, other specialists should be contacted and involved.

We also do not agree that ophthalmologic involvement in syndromic MIDs only occurs in Leber's hereditary optic neuropathy (LHON), mitochondrial encephalopathy, lactic acidosis, and stroke-like episodes (MELAS), chronic progressive external ophthalmoplegia (CPEO), Kearns-Sayre syndrome (KSS), and autosomal dominant optic atrophy (DOA) (Kisilevsky, E. *et al.*, 2019). Missing in this list is Leigh syndrome (Åkebrand, R. *et al.*, 2016; & Pesenti, F. *et al.*, 2018), maternally inherited deafness and diabetes

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(MIDD) (Qian, C. X. et al., 2017; & Tripathy, K. et al., 2020), autosomal recessive cardiomyopathy and ophthalmoplegia (ARCO) (Mojon, D. 2001). neuropathy, gastro-intestinal mitochondrial encephalopathy (MNGIE) syndrome (Mojon, D. 2001), myoclonic epilepsy with ragged-red fibers (MERRF) with retinal neuronal loss (Najjar, R. P. et al., 2019), and particularly neuropathy, ataxia, and retinitis pigmentosa (NARP) syndrome (Lemoine, S. et al., 2018).

Furthermore, ophthalmologic involvement in MIDs is broader than described in the review. Missing in the review is astigmatism, an ophthalmologic abnormality recognised in several MIDs (Åkebrand, R. et al., 2016; & Pesenti, F. et al., 2018). Other ophthalmologic abnormalities not addressed in the review are retinal pseudocysts, as has been reported in patients with (MIDD) (Tripathy, K. et al., 2020), macular cystoid change, as has been described also in MIDD patients (Qian, C. X. et al., 2017), hemianopia particularly in MELAS with a stroke-like lesion (SLL), the morphological equivalent of a stroke-like episode (SLE) on MRI, in an unilateral occipital distribution (Krysko, K. M., & Sundaram, A. N. 2017), and abnormal mitochondria in the ciliary body epithelium of LHON patients (Hayashi, N. et al., 2000). Missing is also that SLEs may occur even in the optic nerve (Finsterer, J. 2019).

There may be involvement of the autonomic nerves in MIDs why these patients may also manifest with pupillary dysfunction or impaired secretion of the tear-fluid. It is conceivable that reduced production of tear fluid may result in sicca syndrome and that pupillary dysfunction may lead to photosensitivity. However, increased photosensitivity may be also due to epileptogenic activity in the occipital region in MIDs patients (Ohtsuka, Y. *et al.*, 1993).

Missing is that optic atrophy is a frequent manifestation of various syndromic and non-syndromic MIDs and not only occurs in LHON and DOA. Optic atrophy has been also reported in MERRF (Mancuso, M. *et al.*, 2013), Leigh syndrome (Maalej, M. *et al.*, 2018), MIDD (Taban, M. *et al.*, 2006), and non-syndromic MIDs (Del Dotto, V. *et al.*, 2019; & Wei, X. *et al.*, 2020).

We do not agree that the extra-ocular eye muscles belong to the visual pathway, as indicated in the abstract, and that involvement of the extra-ocular eye muscles has to be regarded as an ophthalmologic but rather as a neuromuscular abnormality.

Overall, this review is ambitious but has a number of limitations, which require discussion. The number and types of ophthalmologic abnormalities in MIDs are much broader than anticipated and more syndromic MIDs and particularly the non-syndromic MIDs need to be mentioned when ophthalmologic involvement is thematised.

### **Method If Reference Search**

References were search via PubMed using appropriate search terms. Additionally, appropriate papers were taken from references lists in papers matching with the topic.

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