company. We further precisely detailed to which degree the medical writer was involved in the preparation and submission of the manuscript and took full responsibility for the information given in our review, as well as all procedures connected with the preparation and submission of the article. Finally, we would like to emphatically stress the fact that we did not receive any honoraria for the publication of this work.

Conflict of interest
Frank Holz has provided expert consultation services to and received speaker honoraria from Novartis Pharmaceuticals Corporation, Pfizer, Genentech, and Alcon. Carsten Meyer has no conflict of interest to declare.

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Sir,
Response to Vallance

In response to Dr Vallance's letter,[1] we refute the implication that this article[2] is an example of 'medical ghostwriting'. Alpha-Plus Medical Communications acts in accordance with good publication practice guidelines (GPP2) as published in the *BMJ*,[3] and confirms that there was no exception with this article. The authors provided direction, had full control of the editorial content, and accepted full responsibility for views and opinions as well as accuracy of the content.[4] A clear and unambiguous statement regarding our involvement in this publication was included in the acknowledgements.

In relation to Dr Vallance's claim that Alpha-Plus provides 'complete medical communication services for all marketing needs', we would like to highlight that the source of this statement is an out-of-date and obsolete business listing from early 2009. We thank Dr Vallance for drawing our attention to this listing and have requested that it is removed at the earliest opportunity. Please refer your reader to our website (http://www.fishawack.com) for up-to-date and accurate information regarding our group of companies. As you will note on our website, publication activities are separate from other medical communications services.

We would like to add that with regard to comments made about the appointment of Jo Jarvis, the conference in which Jo participated focused on how the industry should interact with different stakeholder groups (including physicians) in an ethically responsible manner and in compliance with the latest code of practice governing this area.

Conflict of interest
Alpha-Plus Medical Communications provides medical communications services to a number of pharmaceutical companies.

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Sir,
Central serous chorioretinopathy following oral tadalafil

We report a case of central serous chorioretinopathy (CSCR) following oral tadalafil (Cialis, Lilly-ICOS LLC) use. A review of the literature found one post-marketing surveillance study in which patients with CSCR showed no increase in prescription exposure to phosphodiesterase type 5 (PDE-5) enzyme inhibitors compared with their age-matched controls.[1]

Case report
A 51-year-old man with no significant past medical history presented with painless reduced central vision in the left eye of 2 weeks duration. His vision became

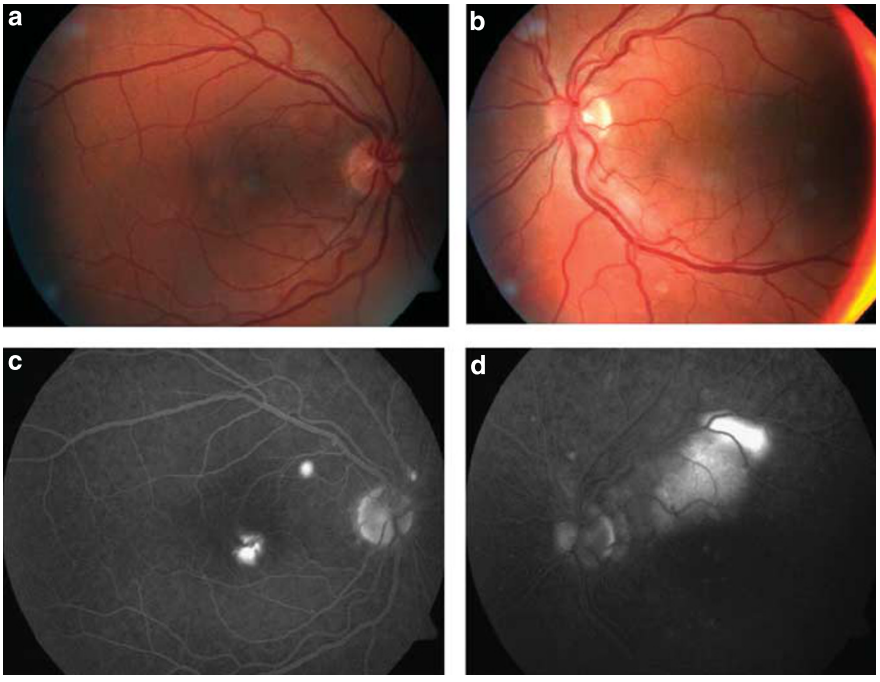

Figure 1 Fundal photographs of both eyes of the patient, 5 days after presentation. (a, b) Colour fundus photographs. (c, d) Fundus fluorescein angiography of the right eye showing an ink blot appearance near the fovea, and of the left eye showing a smoke stack appearance at the macula.

blurred within 24 h of taking tadalafil for enhanced erectile function. He was on no other medication. Examination revealed visual acuities of 3/24 left and 6/5 right, and a large left serous macular detachment. The patient was asked to discontinue tadalafil. Five days later, his left visual acuity improved to 6/12 and the subretinal fluid reduced (Figure 1).

Comment

Our patient had a rapid and dramatic response after commencing and discontinuing tadalafil. This case could be an event of association, but could also be cause and effect, as explained below.

PDE-5 inhibitors modify retinal and choroidal blood flow by their pharmacological effects on the PDE-5 enzyme, which is expressed on retinal and choroidal vasculature. This mechanism involving slowing of choroidal blood flow is also seen in the pathogenesis of CSCR.[2] The resultant increased hydrostatic pressure within the choroid affects the ability of the overlying RPE to pump fluid from the retina to the choroid.[3]

A recent randomised controlled trial showed that when tadalafil was used in therapeutic doses daily for 6 months, there was no adverse significant effect on visual function or ocular anatomy.[4] Tadalafil may be used once daily or as needed in doses of 2.5–20 mg. Our patient admitted to taking repeated doses larger than 20 mg to achieve a more desired erectile effect.

This case report highlights that patients should be advised not to exceed the maximum dose of tadalafil. This case also reminds us that patients with CSCR need to be asked a thorough drug history (including recreational drugs); this is perhaps overlooked in this group, who are usually healthy and young.

Conflict of interest

The authors declare no conflict of interest.

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