Dear Editor,

The recent report on “dengue and chiasmal compression” is very interesting\(^1\). Suzuki et al. reported a case “presenting with dengue fever and bilateral acute visual loss caused by chiasmal compression due to Rathke’s cleft cyst apoplexy” and concluded that “apoplexy of sellar and suprasellar tumors should be considered in the differential diagnosis of patients with acute visual loss and dengue fever\(^2\). The hemorrhagic complications of severe dengue infection are not uncommon and may present with ophthalmological symptoms. In fact, tumor apoplexy may be a complication to dengue and can sometimes be observed in cases without any previous tumor history. Focusing on the specific reported case of Rathke’s cleft cyst apoplexy, Kim noted that “the occurrence of symptomatic pituitary hemorrhage into a Rathke’s cleft cyst (RCC) is extremely rare\(^3\). Indeed, there are also other conditions relating to bilateral visual loss in dengue that should be included in differential diagnoses\(^4\), e.g., dengue maculopathy, which may result in subacute bilateral visual loss\(^5\); retinal hemorrhage, optic neuropathy, and angle closure glaucoma\(^6\)."

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REFERENCES