

Letters

Testing Recommendations for IgG4-Related Disease

I read the article “Idiopathic Orbital Inflammation: Diagnosis and Management” (Ophthalmic Pearls, February). In the section about IgG4-related disease, the authors mention pancreatitis in the first sentence. If liver and renal function tests are being recommended, lipase or amylase should be added to the testing recommendations.

I realize the article is meant to be an overview, but it would be useful to mention that with IgG4-related orbital disease the dacryoadenitis may be bilateral (58%) or unilateral (70%), the extraocular muscle tendons are often spared (96%), the lateral rectus is the most commonly enlarged muscle (71%), and there may be infraorbital nerve enlargement (30%).¹

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1 Tiegs-Heiden CA et al. *Am J Neuroradiol.* 2014;35(7):1393-1397.

Early Retirement Partially Due to Prior Authorization

In 2008, one of the main reasons I retired from ophthalmology was exactly the same problem highlighted in “Prior Authorization: Cataract Crisis.” (Opinion, March). I am still very viable and could have stayed in practice. Medi-Cal used to do the exact same denial methods as you describe in your article, and basically all of the doctors at our hospital stopped seeing Medi-Cal patients. For every action there is a reaction. I fully support H.R. 3173 (Improving Seniors’ Timely Access to Care Act of 2021). Good luck!

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Editors’ note: Learn more about the Academy’s efforts related to H.R. 3173 in the D.C. Report (page 57).

Another Way to Help Ukraine

The article “Reaching Out to Ukraine” (Opinion, May) was wonderful and perceptive. Ukraine obviously needs all the help it can get. For ophthalmologists who wish to help Ukraine, another worthy organization is the Knights of Columbus Charities’ Ukraine Solidarity Fund, P.O. Box 382154, Pittsburgh, PA 15251-8154. Learn more at www.kofc.org/ukraine. Contributions are tax-deductible.

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