

Reply: Optic Nerve Sheath Diameter in Hyponatremia: A Closer Look

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Dear Editor,

Thanking the authors for reading our article with interest and appraising a few facets. Yes, we agree about the influence of scattering and blooming effect of ultrasonographic waves by using a B-scan. However, the B-scan is easier to use, can be done quickly, and used in patients with altered sensorium. It is commonly used in the emergency department. Also, a fixed distance from the globe on the optic nerve can be chosen which is difficult with A-scan.¹

In our study, the investigators were not blinded as per the study methodology. The optic nerve sheath diameter (ONSD) was measured at two-time points, one at presentation to the emergency department and the other at the time of discharge. So, the second measurement could not be blinded as it was measured after the correction of hyponatremia at the time of discharge. Another study can be planned where blinding can be done in serial measurements of the ONSD during the correction of hyponatremia.²

The reply for the alteration of cerebrospinal fluid (CSF) production and dynamics in hypovolemia is that the CSF production is constant and is actively secreted by the choroidal plexus through the combined activity of numerous membrane proteins irrespective of choroidal blood flow.³ We believed to take the ONSD values separately on each side instead of an average of either side. Because optic nerve sheaths could have septation and trabeculations.⁴

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