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S.G.: Employee — Genentech, Inc.

L.H.: Employee — Genentech, Inc.

L.T.: Employee — Genentech, Inc.

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Author Contributions:

Conception and design: Sarraf, Khurana, Dugel, Tuomi

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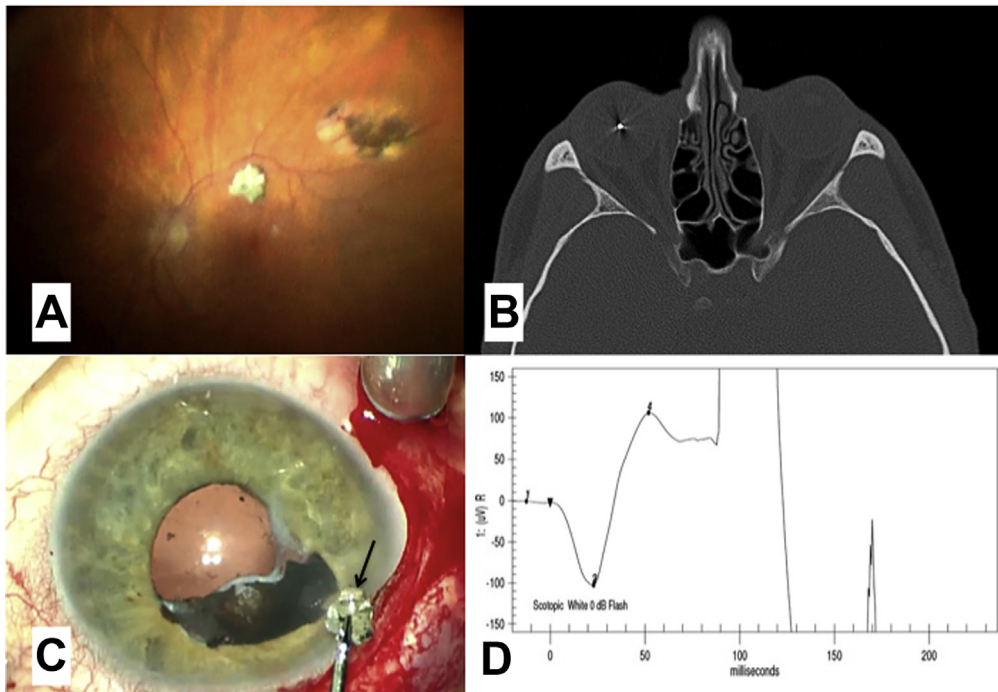
Abbreviations and Acronyms:

AMD = age-related macular degeneration; **BCVA** = best-corrected visual acuity; **CNV** = choroidal neovascularization; **ETDRS** = Early Treatment Diabetic Retinopathy Study; **HARBOR** = Phase III, Double-Masked, Multicenter, Randomized, Active Treatment-Controlled Study of the Efficacy and Safety of 0.5 mg and 2.0 mg Ranibizumab Administered Monthly or on an As-Needed Basis (PRN) in Patients with Subfoveal Neovascular Age-Related Macular Degeneration; **OCT** = optical coherence tomography; **PED** = pigment epithelial detachment; **PRN** = pro re nata (as needed); **RPE** = retinal pigment epithelium; **SD** = standard deviation; **VEGF** = vascular endothelial growth factor.

Correspondence:

David Sarraf, MD, Stein Eye Institute, University of California, Los Angeles, 200 Stein Plaza, Los Angeles, CA 90095. E-mail: dsarraf@ucla.com.

Pictures & Perspectives



Antimony Intraocular Foreign Body with an Intact Electroretinogram

A 65-year-old man with a history of trauma to the right eye 60 years previously presented with a metallic intraocular foreign body (Fig 1A, B). The object was removed via pars plana vitrectomy (Fig 1C, arrow) and found to be composed of antimony. A postoperative maximum combined scotopic white 0-decibel electroretinogram demonstrated normal amplitude and implicit times, 209 μ V and 52 ms, respectively (Fig 1D). Antimony is well-tolerated within the eye with no indications of metallosis.

JESSE M. SMITH, MD

JEFFREY L. OLSON, MD

CHRISTOPHER D. GELSTON, MD

Department of Ophthalmology, University of Colorado School of Medicine, Aurora, Colorado