

Sir,

Postoperative infection and subtenon anaesthesia

I read with interest the case report by Dahlmann *et al*¹ describing a case of postoperative orbital cellulitis with a possible underlying infective cause from routine subtenon anaesthesia.

Similar case reports have been published earlier² and more recently,³ and thus the comment by Dahlmann *et al* on being the first report of such case is erroneous. In our reported case,² the signs of infection were also present very early on the second day after surgery, but the degree of orbital cellulitis and endophthalmitis progressed rapidly with poor visual outcome despite prompt systemic and topical treatment.

It was also unclear in the report by Dahlmann *et al* whether the patient had indeed received a preparation of the lids and conjunctiva with povidone-iodine before the subtenon injection. This procedure is now widely adopted by anaesthetists in the anaesthetic room together with appropriate draping, and has been shown to reduce the incidence of postoperative infection.⁴ Additional topical povidone-iodine applied into the conjunctival sac preoperatively would be recommended but only with an appropriately diluted concentration to avoid ocular toxicity.

References

- 1 Dahlmann AH, Appaswamy S, Headon MP. Orbital cellulitis following sub-tenon's anaesthesia. *Eye* 2002; **16**(2): 200–201.
- 2 Lip PL, Moutsou M, Hero M. A post-operative complication far worse than endophthalmitis: the co-existing of orbital cellulitis. *Br J Ophthalmol* 2001; **85**(5): 631–632.
- 3 Redmill B, Sanndy C, Rose GE. Orbital cellulitis following corneal gluing under sub-tenon's local anaesthesia. *Eye* 2001; **15**: 554–556.
- 4 Speaker MG, Menikoff JA. Prophylaxis of endophthalmitis with topical povidone-iodine. *Ophthalmology* 1991; **98**: 1769–1775.

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Eye (2004) **18**, 229. doi:10.1038/sj.eye.6700612

for an evidence-based national protocol for visual field analysis in glaucoma? It used to be common clinical knowledge that:

1. disc changes precede visual field change in glaucoma;
2. pathologically cupped discs are quite compatible with normal visual fields;
3. true glaucomatous field defects are never associated with plumb normal discs.

Is it necessary to get caught up in the pseudo-science of statistically significant visual field progression via Pattern Standard Deviation in patients with Alzheimer's disease? Such changes at the optic nerve head as described would surely have made the point alone without resorting to a refined visual field programme, potentially full of error and certainly profligate when one considers visual field analysis throughout the beleaguered health service. For comorbidity in glaucoma clinic patients, see Beck and Karseras.²

References

- 1 Bayer AU, Ferrari F. Severe progression of glaucomatous optic neuropathy in patients with Alzheimer's disease. *Eye* 2002; **16**: 209–212.
- 2 Beck M, Karseras AG. Disc assessment and visual field analysis in a hospital glaucoma population. *Br J Ophthalmol* 1982; **66**: 99–101.

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Eye (2004) **18**, 229. doi:10.1038/sj.eye.6700628

Sir,

Progressive glaucoma in patients with Alzheimer's disease

With reference to 'Progressive Glaucoma in Patients with Alzheimer's Disease' (Bayer and Ferrari¹), is it not time