



Response to Comment on: Quantification of anterior chamber reaction after intravitreal injections of conbercept and ranibizumab: a pilot study

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To the Editor:

We would like to thank Minocha et al. for their interest and comment on our publication “Quantification of anterior chamber reaction after intravitreal injections of conbercept and ranibizumab: a pilot study” [1]. The subjects in our clinical cohort could have received more frequent examinations and scrutiny for anterior chamber reaction, which could lead to a much higher incidence of postinjection anterior chamber reaction than previous retrospective reports. In our study, positive anterior chamber reaction was defined as increased in more than one cell in the anterior chamber compared with baseline. Hence, the incidence in our study cannot be directly compared with previous reports that used the Standardised Uveitis Nomenclature scoring [2] for the grading of anterior chamber reaction through counting the number of cells at the moment of examination either by slit lamp biomicroscope or AS-OCT [3]. Nonetheless, we agree with Minocha et al. that the utilisation of AS-OCT as a more sensitive device in detecting anterior chamber cells than slit lamp biomicroscope could possibly include a number of subclinical cases leading to over-estimation of the incidence postintraocular injection anterior chamber inflammation in our study.

Dr Minocha et al. raised an important speculation that AS-OCT may result in over-diagnosis and over-treatment. Whether these cases need treatment depends on whether the number of cells increases and whether the inflammation

progresses. We suggest to at least follow-up the patients with any cells detected in the anterior chamber for monitoring of progression to clinically significant inflammation. Uveitis is a group of diseases with highly variant nature course and prognosis. Some uveitis patients may develop severe inflammation and visual impairment if they cannot be managed at early stage. Adverse outcomes could be avoided if these cases are diagnosed and treated early. The high sensitivity of AS-OCT may help to reduce the chance of missed diagnosis in these patients. Future studies will explore and validate whether the use of AS-OCT in virtual clinics for assessing uveitis can help to improve the quality and efficiency of clinical service provision.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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References

1. Liao X, Jin C, Chen W, Zhang G, Cen LP, Ng DS, et al. Quantification of anterior chamber reaction after intravitreal injections of conbercept and ranibizumab: a pilot study. *Eye*. 2019. <https://doi.org/10.1038/s41433-019-0537-5> Epub ahead of print.
2. Jabs DA, Nussenblatt RB, Rosenbaum JT. Standardization of uveitis nomenclature for reporting clinical data. Results of the first international workshop. *Am J Ophthalmol*. 2005;140:509–16.
3. Invernizzi A, Marchi S, Aldigeri R, Mastrofilippo V, Viscogliosi F, Soldani A, et al. Objective quantification of anterior chamber inflammation: measuring cells and flare by anterior segment optical coherence tomography. *Ophthalmology*. 2017;124:1670–77.

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