mesh extrusion. In cases of forehead granuloma or mesh extrusion without eyelid crease infection, the authors proposed to administer systemic antibiotics $\pm$ excision of the granuloma without excising the mesh. I disagree with this. Based on my experience of over few hundred cases, I believe that this approach will not cure the problem, but will just quieten it temporarily and will only result in more infection and more fibrosis around the mesh. Even in the three cases reported by the authors, the condition only resolved when the whole mesh was dissected and excised as much as possible. I believe there is no place for a 'conservative' approach even with a single granuloma that appears innocent and amenable to simple excision under antibiotic cover.

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EA El-Toukhy

Department of Ophthalmology, Cairo University,
14-A ElSobki Street, Apt. 23, Dokki, Cairo 12311,
Egypt

Correspondence: EA El-Toukhy
Tel: +202-3356017;
Fax: +202-3356017.
E-mail: eeltoukhy@yahoo.com

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Sir,

Reply to El-Toukhy

We thank you for your helpful comments about our paper¹ on the management of chronic Mersilene mesh exposure.

We fully agree that surgical tips to reduce contact between the patients' skin and the Mersilene mesh are to be recommended and are likely to reduce the risk of infection. We note that you had no cases of infection or granuloma in the 46 eyelids you published,² but that in your more extensive clinical experience of a few hundred cases that you mention in your correspondence, you had patients with infection and granuloma that required surgical excision of mesh, as in our cases.

We also find that management of chronic granuloma and infection is unlikely to be effective with just oral antibiotics. We state clearly, 'Systemic antibiotics and granuloma excision with removal of the immediately underlying mesh is not always adequate, as shown by these cases, and more extensive dissection and excision are often required'. The tertiary referred chronic cases illustrate the point that wide excision is required.¹

In addition, in our own series³ of 32 eyelids with Mersilene mesh frontalis suspension, with a mean follow-up of 28 months, we had three postoperative wound infection and one mesh exposure, all of which occurred within 4 weeks of the surgery. One of these patients was lost to follow-up. None of these patients were managed with antibiotics alone. Two patients with wound infection underwent wide mesh excision (up to 10 mm) and one patient with exposure underwent local mesh excision with systemic antibiotic cover, in contrast to the wide excision of the mesh required in the chronic cases. They have not had subsequent problems. We no longer use Mersilene mesh and prefer Prolene suture or autogenous fascia lata when appropriate, for instance, depending on the age of the patient and aetiology of ptosis.

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J Olver, P Mehta and P Patel

The Western Eye Hospital, Oculoplastic and Orbital
Service, Marylebone Road, London NW1 5YE

Correspondence: J Olver,
The Western Eye Hospital, Oculoplastic
and Orbital Service,
Marylebone Road, London NW1 5YE
Tel: +44 207 886 3264;
Fax: +44 207 886 3259,
E-mail: janeolver@aol.com

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