

barrier. The other equally or even more important factor, namely the amount of any subretinal fluid (SRF) associated with the tears during initial presentation, had not been properly addressed in the article. It has been shown that amount of SRF carries significant bearing over the tissue reaction to laser and the overall completeness of the laser barriers.² Hence, the treatment success of laser indirect ophthalmoscope photocoagulation over slit-lamp-delivered laser system in complicated retinal tears relies on not only wider optical localization advantage but also the usual scleral indentation manoeuvre performed during laser delivery, through which the SRF can be displaced to facilitate laser absorption.² A proposed causality between surgeons' inexperience with laser technique and the proportion of retreatment without consideration of the patients factor (nature of the retinal breaks) at the same time is sheer.

Unless further information about the characteristics of the retinal tears treated by trainee ophthalmologists can be rendered, it may be difficult to reach authors' conclusion.

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Sir,
Reply to Liu *et al*

Thank you for giving me the opportunity to reply to the letter by Liu *et al*. It raises a few questions, which I will clarify keeping in mind that it was a retrospective study:

- (1) The trainees are taught to treat flat retinal tears and tears with a cuff of subretinal fluid (shallow SRF at the edges of tears only) with laser retinopexy.
- (2) Review of our data has shown that of the 24 patients requiring retreatment, only three patients may have been outside the above criteria,
- (3) In our conclusion, we had already pointed out that to improve treatment standards, patient selection and seeking vitreoretinal opinion in difficult cases is important.
- (4) Although the failure of primary treatment for retinal tears is multifactorial, in our paper we have documented that inability to adequately treat/surround the retinal tears with laser retinopexy was the single most important factor in most of the patients requiring retreatment. This inadequacy was mainly due to the inability of the trainees in using indirect laser delivery system. An audit conducted of our trainees did confirm our belief that more supervised training of indirect laser treatment of trainees was essential.

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Sir,
Moraxella as a cause of necrotizing fasciitis of the eyelid

Necrotizing fasciitis has received much interest in the media in recent years, due to its rapid progression, gruesome characteristics, and high mortality rate, estimated at 28% in a recent retrospective study.¹ Haemolytic streptococci, *Staphylococcus aureus*, *Escherichia coli*, *Pseudomonas*, *Enterobacter*, *Klebsiella*,