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Sir,

Reply to Kampougeris *et al*

I like to thank Kampougeris *et al* for their responses to our article.¹

The following are our responses to their comments:

- (1) Kampougeris *et al* mention that other publications have found majority of staphylococci to be susceptible to moxifloxacin. We too have noted this in our paper. In fact, this was the main reason that prompted us to design the study. The low intraocular concentrations found in our study in contrast to other publications surprised us as well, but we have given reasons that might explain the same in our paper.
- (2) Kampougeris *et al* state that we decided to test moxifloxacin because of its low minimum inhibitory concentrations (MICs) against pathogens implicated in endophthalmitis, which is contrary to the MICs in Table 1 that we had used for analysis. We had in fact mentioned that the MIC 90 of moxifloxacin was lower than that for the other fluoroquinolone antibiotics against the pathogens responsible for endophthalmitis and had quoted Table 1 as the reference.² Hence, we take issue with the statement that we are contradicting ourselves.
- (3) Kampougeris *et al* also mention about the wide variations in the moxifloxacin levels in our series. We

have clearly discussed about this in our study:

'Amongst the serum, aqueous, and vitreous concentrations, there appeared to be several values that were considered outliers. We chose to include all data obtained in the study, as the investigators could not explain these high or low concentrations and attributed them to variability of moxifloxacin pharmacokinetics in individual patients.'

- (4) Kampougeris *et al* also mention that these variations were not seen in other similar studies. Of note, similar outlier values were noted by Hariprasad *et al*³ in their series, and here too the authors attributed these to inter-patient variability of drug pharmacokinetics.
- (5) They also seem to suggest that certain sampling errors occurred owing to processing delay. We consider this speculation unfortunate and unwarranted and we are disappointed at the suggestion, as we had ensured that all the samples were processed appropriately. The processing was as per our previous publication.⁴
- (6) Kampougeris *et al* also mention that the results of our paper have to be interpreted with caution. We too have not claimed so and have mentioned the need for future studies in our paper.

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Sir,

Acute post-operative infective endophthalmitis detected on first-day check

Proprietary interests: none

Controversy exists as to whether routine first-day post-cataract surgery reviews (FDRs) are required especially for