

Figure 3 Postoperative appearance of the left eye at 3 years after keratolimbal allograft and penetrating keratoplasty. There is mild recurrence of the surface disease with superficial neovascularization in some areas.

Conflict of interest

The authors declare no conflict of interest.

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Sir, Infectious scleritis and surgical induced necrotizing scleritis

We read with great interest the article 'Microbial scleritis—experience from a developing country' by Jain *et al*¹ from India. Infectious scleritis, although rarely discussed in western literature, is not so unusual in Asia. We are very glad to see this study, which reveals completely different pathogens of the infectious scleritis as we have known in Taiwan.

We thank the authors who have cited our article many times in their article, but in the discussion section they cited our early hypothesis that surgical induced necrotizing scleritis (SINS) may be a prodromal factor to induce the infectious scleritis, and they concluded that not a single collagen vascular disease can be identified in their own series and others. We would like to point out that to inspect our hypothesis, we have performed a prospective study and published the results in Cornea, 2006, titled 'Immunological and clinical manifestations of infectious scleritis after pterygium excision'.² In that study we have referred our cases of infectious scleritis to a rheumatologist, who performed a thorough examination of these cases and reached the conclusion that no underline autoimmune disease associated with these 18 eyes of 18 patients (16 bacteria, 2 fungi) can be identified. We would like to confirm that 'the infectious scleritis is different from the post-surgical necrotizing scleritis both in clinical and immunological aspects except for the similar long latent period.' With this article, we reject our earlier hypothesis and maintain that the mystery of long latent period on infectious scleritis after surgery is still unresolved.

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Histopathological findings in an epimacular membrane after intraoperative use of perfluorocarbon liquid

We describe the histopathology of an epiretinal membrane (ERM) that developed after intraoperative use of perfluorocarbon liquids (PFCL: fully fluorinated compounds with high specific gravities¹).