

References

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A Ebnetter, L Goold and JS Gilhotra

South Australian Institute of Ophthalmology and Discipline of Ophthalmology & Visual Sciences, University of Adelaide, Adelaide, South Australia, Australia
E-mail: ebnetter.andreas@gmail.com

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Sir,

Comment on a new ocular trauma score in pediatric penetrating eye injuries

We read with interest Acar *et al*'s¹ article on their newly proposed paediatric penetrating ocular trauma score (POTS). The authors have designed POTS to be used specifically in paediatric penetrating injuries to prognosticate for future visual acuity (VA) rather than using the more widely recognised but non-specific ocular trauma score (OTS) designed by Kuhn *et al*² as part of the United States Eye Injury Registry.

We appreciate that the authors felt that the age of the patient and location of the wound were important prognostic factors and so included them in the scoring system. The authors decided to downscale the amount of points scored for initial VA due to problems that were inherently present when trying to obtain an accurate VA in children, especially those with a significant injury. They identified that the POTS was statistically significant in predicting final VA.

As the article stands, the authors have not demonstrated any reasons why POTS should be used instead of OTS for paediatric penetrating injuries. VA still needs to be obtained to enter into the POTS system. We therefore suggest two ways in which POTS could be more rigorously tested to demonstrate any benefit.

First, the POTS could be calculated without using the VA score. As the authors pointed out, the relationship between initial VA and final VA is statistically significant. It would be interesting to see whether POTS without any VA inclusion gives a statistically significant result or whether it is purely the initial VA prognostic factor that makes POTS statistically significant in predicting final VA. Second, the authors could apply the OTS to their data and compare the two scores directly to identify any benefit of one over the other.

Unless a clear benefit of POTS over OTS can be demonstrated, there would be no reason to use POTS preferentially. As the authors demonstrated in their study, VA can usually be obtained in all but the very youngest children, and so it may be that VA is the most important factor and can be used as a stand-alone predictor of final VA.

Conflict of interest

The authors declare no conflict of interest.

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HE Sharma¹, N Sharma² and A Kipioti³

¹The Birmingham and Midland Eye Centre, Birmingham, UK

²The University of Birmingham, Birmingham, UK

³Heart of England NHS Foundation Trust, Birmingham, UK

E-mail: hannahsharma@hotmail.co.uk

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Sir,

Response to Sharma *et al*

We thank Sharma *et al*¹ for their comments regarding our paper.² Ocular trauma score (OTS) is an important systematic in the prediction of final visual acuity (VA) after trauma. However, it is a heterogeneous classification. In OTS, all classification systematics are based on initial VA. Moreover, scoring and classification are the same in all age groups. Another challenge is the accurate determination of initial VA, which is the cornerstone of OTS classification. Since in the open-glob injuries the evaluation of relative afferent pupillary defect is mostly impossible, the comparison of OTS and POTS is irrational.

The main aim of the development of pediatric OTS (POTS) was to determine a new scoring system without using initial VA. The age of the patient is important as the proliferative changes are more intense in the pediatric group and an amblyopia risk exists. Additionally, the dynamics of wound healing are different from those of adults. Taking into account the amblyogenic effect of the trauma-related damage and the visual immaturity of the pediatric eye, we propose modification in the much appreciated and widely used OTS by adding the age of the child in the scoring system.

As zone 3 injuries have worse prognosis and coexistent pathologies have a statistically significant effect on the determination of prognosis in the other reported studies, localization of the wound and coexistent pathologies were included in the classification proposed by our team.

'The initial VA acuity is a good predictor of the final VA acuity'—this is unquestionable. Hence, by relying on the initial VA acuity, instead of dismissing it from the scoring system, we preferred to downscale the amount of points scored for initial VA. We halved the effect of initial VA on prognosis by means of using additional factors such as the age and the zone of injury. We developed POTS in order to obtain information on prognosis immediately after the trauma in patients whose initial VA could not be obtained. The replacement of the OTS by POTS is a too ambitious expectation at present. Multicentered, prospective studies with larger patient groups are required to obtain the objective evidence to replace the OTS by another scoring system.

We think that there is an exact need for a new ocular trauma score for preverbal pediatric patients, whether ours or of another study. Our study is an attempt to fill in the missing aspect of the scoring system; we appreciate any suggestion to improve it.

Conflict of interest

The authors declare no conflict of interest.

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U Acar¹, OY Tok², DE Acar³, A Burcu³ and F Ornek³

¹Department of Ophthalmology, Ministry of Health, Ankara Diskapi Yildirim Beyazit Training and Research Hospital, Ankara, Turkey

²Department of Ophthalmology, Faculty of Medicine, Suleyman Demirel University, Isparta, Turkey

³Department of Ophthalmology, Ministry of Health, Ankara Training and Research Hospital, Ankara, Turkey
E-mail: druguracar@gmail.com

We confirm that the manuscript, or parts of it, has not been and will not be submitted elsewhere for publication.

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Sir, A therapeutic challenge in AIDS-associated viral retinitis

Progressive outer retinal necrosis (PORN) is a herpetic retinitis characterized by multifocal deep retinal lesions progressing to confluent necrosis and a high likelihood of retinal detachment. The visual prognosis in patients with PORN is extremely poor, with final visual acuity of no light perception reported in up to 67% in some series.^{1,2} We report a therapeutic challenge of AIDS-associated viral retinitis in which the ganciclovir implant contributed to the eradication of PORN recalcitrant to systemic and intravitreal antivirals.

Case description

A 49-year-old male patient with HIV/AIDS (CD4 32 cells/ μ l), *Pneumocystis jiroveci* pneumonia, and

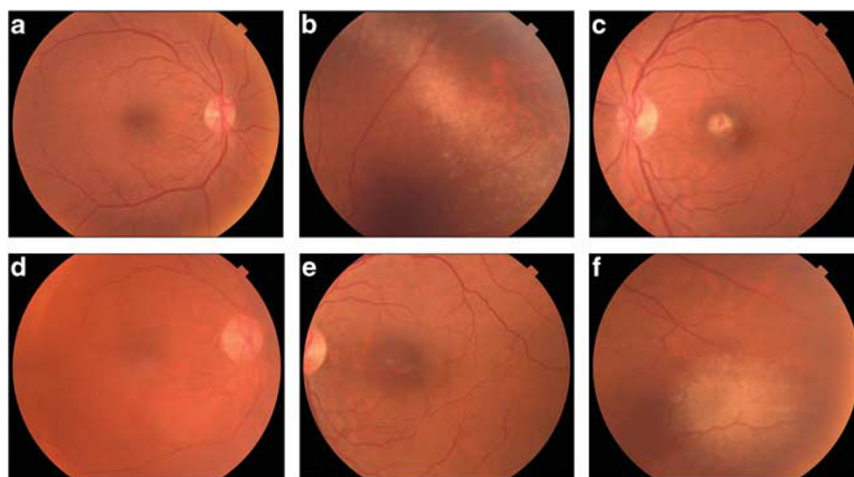


Figure 1 Fundus photograph shows normal posterior pole (a) and multifocal, white retinal opacities involving the retinal periphery OD. Anterior to these retinal lesions, there is an area of retinal pigment epithelium atrophy (b). Fundus photograph of the macula OS shows parafoveal retinal whitening with a spot of retinal hemorrhage (c). The patient's findings initially improved, following valganciclovir therapy and intravitreal foscarnet. However, after reducing the valganciclovir dosage, he returned with increased vitreous cell and haze OD (d). Although the posterior pole findings OS had improved (e), there were large confluent areas of retinal opacification consistent with progressive outer retinal necrosis. Aqueous PCR was positive for VZV DNA (f).