

However, much larger prospective studies will be required to determine if there are significant differences in the rates of postoperative complications with and without patching.

### Conflict of interest

The author declares no conflict of interest.

### References

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Sir,

### Response to Lim *et al*

We thank Lim *et al*<sup>1</sup> for their constructive comments and concur that a larger, prospectively designed study is certainly required. Our data were retrospective, and despite including a significant number of patients (1407) it was never our intention to statistically prove that omitting a shield confers a safety advantage over shielding. The data were collected and published to illustrate that not shielding in our practice over the last 12 months conferred no disadvantage. We hoped to stimulate discussion as to why routine shielding still occurs despite advances in surgical technique with some interesting comparative data.

We also would like to reiterate the differences between shields and patches. Patches protect the ocular

surface against particulates and provide visual occlusion. Their role in the immediate postoperative period has both supportive (as above) and derisory<sup>2</sup> evidence. Shields are supplied to protect surgical wounds and are commonly prescribed for up to 3 weeks following cataract surgery at night. A small group of our patients were randomly selected and questioned about their experiences of shields. Comparing these shield-related responses to studies on patching is not justified.

### Conflict of interest

The authors declare no conflict of interest.

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Sir,

### Case report of cytomegalovirus retinitis in an HIV-positive patient with a CD4-count nadir of 254 cells per $\mu$ l

Cytomegalovirus retinitis (CMVR) is an AIDS-defining diagnosis, and typically occurs when CD4 counts fall below 50 cells per  $\mu$ l.<sup>1</sup> We report an unusual case of CMVR in a patient whose CD4 counts never decreased below 250 cells per  $\mu$ l.

### Case report

A 30-year-old man was diagnosed with HIV infection 3 years ago, and CD4 counts remained between 600 and 700 cells per  $\mu$ l since diagnosis. After 2 years, his counts decreased from 565 to 426 cells per  $\mu$ l over 3 months. Antiretroviral therapy (ART) consisting of tenofovir/emtricitabine and efavirenz was commenced. Three months later, he complained of right eye blurring with floaters. Vision was 6/9 and fundoscopy revealed active CMVR, corroborated on aqueous PCR for CMV (Figure 1). His CD4 count was 254 cells per  $\mu$ l and HIV viral load was 42 593 copies per ml that increased to 165 800 copies per ml 2 weeks later. He had no other AIDS-defining illnesses.

### Comment

CMVR is a late manifestation of AIDS when CD4 counts are <50 cells per  $\mu$ l. Although reports have documented