

recurrent erosion syndrome. (Despite this it remains common clinical practice to prescribe lubricants.) The Cochrane review cites this as the only study addressing the use of lubricants to prevent recurrent erosion syndrome.

However, there appears to be a discrepancy in how they cite Eke's findings. In the Cochrane review's abstract and results section, the authors correctly cite the Eke paper as indicating that lubricants carry an increased risk of recurrent erosion. However in the discussion section there appears to be an error: the authors state that the Eke paper indicates that lubricants *reduce* the risk of recurrent erosion.

We call for a correction in the Cochrane review, to emphasise the unexpected evidence that lubricants do not reduce the risk of recurrent erosion syndrome, but rather increase it.

### Conflict of interest

The authors declare no conflict of interest.

### References

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- 2 Eke T, Morrison DA, Austin JV. Recurrent symptoms following traumatic corneal abrasion: prevalence, severity and the effect of a simple regimen of prophylaxis. *Eye* 1999; 13: 345–347.

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Sir,  
**Response to Spitzer *et al***

I am grateful to Spitzer *et al*<sup>1</sup> for pointing out this error in the Cochrane review of interventions for recurrent corneal erosions.<sup>2</sup> This review was able to cite only one study<sup>3</sup> that looked at a 'prophylactic regime to avert the development of recurrent corneal erosion' following traumatic corneal abrasion. The abstract includes a correct interpretation of our paper, but the body of the publication misrepresents our findings. The reviewers correctly state that we found 'the addition of lubricating ointment at night [for 2 months] to the standard therapy... resulted in significantly fewer patients with no or minimal symptoms of recurrent corneal erosion at three months'.<sup>2</sup> However, they fail to mention that this was because there were significantly more patients who had mild or moderate symptoms at this time (50% in the additional ointment group, 10% in the standard therapy group),<sup>3</sup> and thereby their Summary draws the opposite

conclusion to our own. We had concluded that there was a 'significantly higher prevalence of recurrent symptoms in the 'additional nightly ointment' group ( $P = 0.016$ )'.<sup>3</sup>

In our paper,<sup>3</sup> we stated that we were surprised by the higher prevalence of recurrent symptoms in the 'additional nightly ointment' group, as we had expected ointment to reduce symptoms. We speculated that ointment might actually interfere with healing of corneal abrasions. We had intended to carry out a further prospective study, to compare ointment, drops, and bandage lenses in the initial management of traumatic corneal abrasion. This never happened, mainly because I moved to a hospital that does not have an open-access eye casualty. I encourage colleagues who do work in such units to carry out this simple study: the results would be of great help to patients who suffer from this common and disabling condition.

In my experience, it is common for authors to mis-quote other papers, and I always encourage my trainees to read an original source in full. Spitzer has highlighted a significant misquotation, in that a Cochrane review has found only one paper to cite, but erroneously draws the opposite conclusion to that of the original researchers. I agree that, in this case, a published clarification would be desirable.

### Conflict of interest

The author declares no conflict of interest.

### References

- 1 Spitzer D, Habib A, Imonikhe R, Raina J. Lubricants to prevent recurrent corneal erosion: an error in the Cochrane review. *Eye* 2013; 27(11): 1329–1330.
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Sir,  
**Interventions for recurrent corneal erosion: a Cochrane Systematic review**

We would like to thank Dr Spitzer and colleagues<sup>1</sup> for identifying the need for a correction to our Cochrane

Systematic Review on Interventions for Recurrent Corneal Erosion (RCE).<sup>2</sup> There was a mistake in our review. According to Eke *et al*,<sup>3</sup> additional nightly ointment is associated with significantly higher risk of increased symptoms of RCE at 3 months follow up. We have corrected the text in the review accordingly as outlined below. In terms of assessment of bias, it is not affected. Our conclusion from the review stands that only a few papers qualify for meta-analysis using the Cochrane protocol and more research is needed for a better understanding on the best available treatment for RCE.

Eke *et al*<sup>3</sup> reported, for patients whose injury was caused by a fingernail, symptoms were significantly more prevalent ( $P = 0.016$ ) and more severe in the group receiving additional ointment at 3 months. Eke *et al*'s study included only a small number of patients ( $n = 21$ ) who were still symptomatic at 3 months, following the acute injury. Recurrent erosion typically persists beyond 3 months.<sup>4</sup> The use of additional nightly ointment did not appear to have any effect on the incidence of macroform RCE by 2 years,<sup>3</sup> but the small numbers and possible incomplete data capture preclude us from drawing a firm conclusion regarding the effects of nightly ointment in recurrent corneal erosion.<sup>4</sup>

The text in our review now states, 'The addition of lubricating ointment at night to the standard therapy for traumatic corneal abrasion following the fingernail injury resulted in significantly more patients with mild or moderate symptoms of recurrent corneal erosion at 3 months compared to the control group that received standard therapy alone (OR 5.67, 95% CI 1.28 to 25.0). At 2 years, on review of the case notes, 2/42 patients had presented back to the trial centre with recurrent corneal erosion, one in the treatment group and one in the control (OR 0.90, 95% CI 0.05 to 15.49).'

'For averting the development of recurrent corneal erosion following a traumatic corneal abrasion due to a fingernail injury, lubricating ointment at night for 2 months in addition to standard treatment (cyclopentolate drops, then chloramphenicol ointment for 5 days) led to increased development of the symptoms of recurrent corneal erosion at 3 months compared to standard therapy alone.<sup>3</sup> This was the only included study to examine measures to avert the development of recurrent corneal erosion following traumatic corneal abrasion; clearly more studies are needed as a range of treatment options are available for traumatic corneal erosions.<sup>5,6</sup> It is common practice to treat a traumatic corneal abrasion with antibiotic and/or lubricating ointment; however, such therapy is not always continued for months.'

#### Conflict of interest

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- Spitzer D, Habib A, Imonikhe R, Raina J. Lubricants to prevent recurrent corneal erosion: an error in the Cochrane review *Eye* 2013; **27**(11): 1329–1330.
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#### Sir, Progression of retinal changes in Gaucher disease: a case report

Gaucher disease is the most common lysosomal storage disease with an estimated incidence of 1/57 000.<sup>1</sup> It results from a deficiency in  $\beta$ -glucocerebrosidase and accumulation of glucosylceramide. Typically patients develop hepatosplenomegaly and osseous manifestations. Neuronopathic involvement is less common, but ocular manifestations including oculomotor apraxia and supranuclear gaze abnormalities are usual in Types II and III. Intraocular manifestations including corneal clouding and retinal lesions have also been reported.<sup>2,3</sup> However, little is known about their natural progression.

#### Case report

We describe the progression of retinal lesions over a 5-year period in a French-Canadian girl born to non-consanguineous parents and diagnosed with Gaucher disease Type III at 21 months of age after presenting with hepatosplenomegaly and recurrent infections. Investigations revealed anaemia, thrombocytopenia and elevated acid phosphatase. The diagnosis was confirmed by low glucocerebrosidase activity. Genetic testing revealed homozygosity for the L444P mutation commonly associated with Type III disease. Treatment with Imiglucerase 60 Units/kg every other week was started.

At first her neurological examination was normal but slowing of horizontal saccades was noted at the age of 5 years. Fundoscopy revealed white globular lesions OU at the age of 13 years in 2005, which were confirmed to be