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Sir,
Response to Comment on: How common is inflammatory marker-negative disease in giant cell arteritis?

We thank Dr Kermani *et al*¹ for their interest in our article.

In response to their comments on our report² we acknowledge the inadvertent omission of two recent articles,^{3,4} both of which emphasise the occurrence of CRP-negative disease seen in giant cell arteritis (GCA). Our case is clearly described as 'CRP-negative disease', and in addition to this we review inflammatory-marker-negative disease in GCA, as it is appropriate and informative in this context.

The threshold for an abnormal CRP result is ill defined. Indeed various receiver operating characteristic curves for CRP have been published, illustrating the trade-off of sensitivity and specificity at various threshold settings. Also, different laboratories express the parameter as either mg/l or mg/dl, which can be a source of confusion in clinical practice. Hayreh *et al*⁵ use a level <24.5 mg/l (2.45 mg/dl) as a cut-off for normal in the context of GCA.

References

- 1 Kermani TA, Warrington KJ. Comment on: How common is inflammatory marker-negative disease in giant cell arteritis? *Eye* 2013; **27**: 677–678
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Sir,
An unusual case of orbital cellulitis

Orbital cellulitis is an ophthalmic emergency that may lead to both life- and sight-threatening complications. We report the case of a child who presented with orbital cellulitis secondary to self-inflicted periocular and facial lacerations during sleep. He regained normal visual function after propitious ophthalmic and psychiatric intervention.

Case report

A 6-year-old boy presented with a 2-day history of painful protrusion of the left eye.

On examination, multiple fresh and old scratch marks were seen over his face. The left eye showed lacerated wounds on the lids, axial proptosis, ptosis, and conjunctival chemosis (Figure 1). Vision was 6/12. Extraocular movements were restricted. Pupils and retinal examination were normal. Computerized

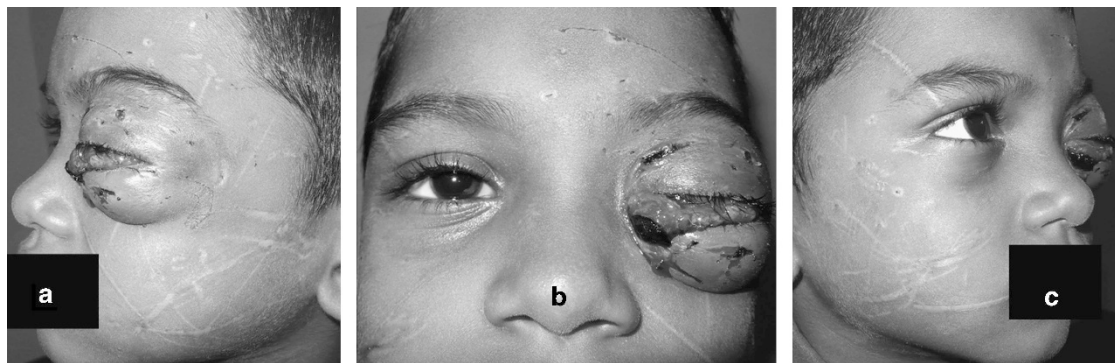


Figure 1 Clinical photographs showing (a) right lateral; (b) frontal; (c) left lateral views of the patient with facial scratch marks and left eye ptosis, proptosis, and periocular lacerations.