



Figure 4 Post-operative trabeculectomy bleb (Arrow A).

(arrow C)), with one small island of peri-limbal white sclera supero-temporally. The sclera was too thin posteriorly for a tube or valve.

A trabeculectomy with Mitomycin C (0.2 mg/ml for 1 min) was performed without complication (Figures 3 (arrow A) and 4), using two releasable 10/0 nylon sutures to the scleral flap. Oral Prednisolone 40 mg/30/20/10 weekly taper, g.Prednisolone 1.0% 2 hourly, and g.Chloramphenicol q.d.s. were prescribed post-operatively. Subsequent IOP decreased to 6 mm Hg, and VA was 0.30. No recurrence of scleritis has occurred since the surgery, and the patient continues to use g.Prednisolone 1% o.d. 4 months post-operatively.

Comment

This patient's surgery was successful despite significant challenges and a known risk of scleritis resulting from the procedure itself. Oral Prednisolone was prescribed post-operatively, which was key in preventing the recurrence of scleritis in this patient.

Releasable sutures were used (Figure 3 (arrow B)), ensuring a low risk of hypotony immediately pre-operatively. The alternative of laser suture lysis would carry an increased risk of scleral perforation with such thin sclera.

Careful surgical planning, with judicious use of corticosteroids, can result in excellent surgical outcomes in patients with scleritis and secondary glaucoma.

Conflict of interest

The authors declare no conflict of interest.

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Sir, Comment on: Pathogenic conjunctival bacteria associated with systemic co-morbidities of patients undergoing cataract surgery

I read with great interest Fernández-Rubio *et al*'s¹ study on colonization patterns in relation to systemic co-morbidities.

There appears to be, however, a misconception between the usage of intracameral cefuroxime and its perceived protective effect against PE secondary to enterococci. Cefuroxime is a second-generation cephalosporin with an intrinsic lack of activity against enterococci owing to the production of low-affinity penicillin binding proteins and L,D-transpeptidase.^{2,3} This is commonly referred to as the 'enterococci-gap'.

Putting this into the broader picture of the quoted EVS⁴ vs the Swedish National Cataract Register Study,⁵ the *a priori* lack of efficiency of cefuroxime against enterococci explains the higher prevalence of enterococci-induced PE in the Swedish group (29.9% vs 2.2%) and is not surprising.

Given that enterococci-induced PE is a considerable problem in the era of intracameral cefuroxime, it seems counterintuitive that the authors' standard choice for topical preoperative prophylaxis is a combination of Polymyxin B and Trimethoprim, both of which have low effectiveness against enterococci. Topical Chloramphenicol would seem a superior choice in this context.

It would have been interesting to know which species of bacteria the cluster of four PEs in 2005/2006 belonged to and whether intracameral cefuroxime had been given.

It would also be interesting to know which oral antibiotic prophylaxis was chosen in those cases that displayed enterococci in their conjunctival flora.

As no intraocular samples were taken, it remains unclear how the authors arrive at the conclusion that the 'risk of intraocular contamination... was increased 1.6 and 2.5 times in those over 85 and 90...'.

Conflict of interest

The authors declare no conflict of interest.

References

- 1 Fernández-Rubio ME, Cuesta-Rodríguez T, Urcelay-Segura JL, Cortés-Valdés C. Pathogenic conjunctival bacteria associated with systemic co-morbidities of patients undergoing cataract surgery. *Eye* 2013; **27**: 915–923.
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Sir, Response to Nestel

We thank Dr Nestel¹ for his interest in our study.² We found some associations between the pathogenic conjunctival bacteria and the systemic co-morbidities of patients undergoing cataract surgery, which was the main purpose of the study. Among these associations, we found that enterococci prevalence is associated with age and diabetes. Owing to the current wide use of intracameral cefuroxime for the cataract surgery prophylaxis,^{3,4} we introduced the example of the postoperative endophthalmitis (PE) caused by enterococci for illustrating the implications of our findings in the management of patients carrying conjunctival bacteria resistant to a particular prophylaxis, such as the enterococci to cefuroxime, as Dr Nestel pointed. The systemic co-morbidities associations with other bacteria (for instance multi-resistant *Staphylococcus*) could also help in choosing a prophylaxis.

Table 1 Increasing potential risk of intraoperative contamination by enterococci according to age in patients operated on for cataract

Age groups (years)	Patients	Enterococci	%	OR	CI (95%)
18–65	1264	11	0.87		
66–85	6597	148	2.24	2.61	1.41–4.84
86–90	377	11	2.92	3.42	1.47–7.96
91–98	95	5	5.26	6.33	2.15–18.61

Abbreviations: CI, confidence interval; OR, odds ratio.

The answers to other comments are as follows:

- In the study design, polymyxin B plus trimethoprim eye drops is an empirical prophylaxis for all patients, except those having conjunctival pathogen bacteria resistant to these antibiotics, such as enterococci. We try not to increase the resistance to first-line antibiotic treatments.
- The occurrence of four PE cases in the first year of the study period² was before using intracameral cefuroxime. This fact could point to streptococci as the most likely cause, as there was no case of Streptococci-PE in the ESCRS groups treated with cefuroxime,⁵ and no others prophylactic measures had changed in our study.
- The oral antibiotic for patients with conjunctival enterococci was chosen in accordance with their susceptibility tests;⁶ quinolones being the first choice, if possible.
- Finally, the 'potential' risk of intraocular contamination by enterococci, in patients over 85 years, was calculated with respect to the conjunctival enterococci prevalence of patients younger than 86 years (Supplementary Table 3).² This information is extended in Table 1.

Conflict of interest

The authors declare no conflict of interest.

References

- 1 Nestel AR. Comment on: Pathogenic conjunctival bacteria associated with systemic co-morbidities of patients undergoing cataract surgery. *Eye* 2014; **28**: 106–107.
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