**Sir,
Dexamethasone implant in diabetic macular edema in real-life situations**

We read with interest the recent paper by Chhablani *et al*¹ reporting the outcome of recalcitrant and naive eyes with diabetic macular edema (DME) treated with intravitreal dexamethasone implant (Ozurdex) injection. Although the study is indeed interesting, there are certain points we wish to highlight. First, as systemic hypertension is a risk factor for the development of both diabetic retinopathy and DME, and hyperlipidemia increases the risk of leakage and exudative deposits in the macula,² blood pressure and lipid profile should have been recorded at baseline and at subsequent visits to assess whether improvement in macular edema was as a result of strict systemic control or as a result of the implant itself. Second, according to the authors, 7 eyes had proliferative diabetic retinopathy (PDR), and 26 had lasered PDR. These 26 eyes had undergone panretinal photocoagulation, minimum of 4 months before the first Ozurdex implant was administered. What about the remaining seven eyes that had PDR? Were they lasered during the follow-up period after implant insertion? If panretinal photocoagulation was performed during the follow-up, it could acutely worsen the DME and affect the visual outcomes.³ Third, authors need to rectify the discrepancy in the values; in the manuscript, it is mentioned that 'mean treatment-free interval among naive eyes and previously treated eyes was 10.53 ± 7.8 and 6.5 ± 4.5 months, respectively', whereas in Table 1, the mean treatment-free interval in previously treated eyes has been written as 6.17 ± 3.3 months.

Conflict of interest

The authors declare no conflict of interest.

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**Sir,
Dexamethasone implant in diabetic macular edema**

We thank Gupta and Ram¹ for their interest in our publication² on dexamethasone implant in diabetic macular edema (DME). Because of the retrospective nature of the study, we could not get the complete information on systemic factors such as hypertension and lipid profile. However, recently, Singh *et al* reported that the vision outcome with ranibizumab in DME was not influenced by systemic factors such as diabetes medication history, serum glucose, HbA1c, renal function, and blood pressure in the RIDE and RISE phase 3 studies.³

Seven eyes underwent panretinal photocoagulation (PRP) during the follow-up. We agree with the authors that there could be slight increase in the macular edema after PRP and may have affected the final outcome. Interestingly, a recent prospective study by Lee *et al*⁴ showed no effect on visual acuity of PRP at 12 months irrespective of persistent macular edema.

We thank the authors once again for this interesting discussion.

Conflict of interest

The author declares no conflict of interest.

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**Sir,
Data from UK Biobank on febrile illness**

I read with interest the article by Guggenheim *et al*¹ describing the relationship between febrile illness in childhood and myopia.