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Reply to ‘Comment on: Carotid-cavernous fistula: current concepts in aetiology, investigation and management’

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We appreciate the comments by Gout et al. [1] We agree that some superior ophthalmic veins are extremely fragile and difficult to cannulate, even with the available microcatheters (see supplemental video). We also agree that performing a Valsalva maneuver may make it easier to insert the microcatheter into the vessel. One still must be careful not to perforate the vessel as the catheter is advanced, as catastrophic visual complications can result, as emphasized in our manuscript and in the paper by Leibovitch et al., which we (and Gout et al.) have referenced [2].

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Electric cataracts: a cause of bilateral blindness in Kashmir

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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Electrical injury is not uncommon as many people come into contact with electricity on daily basis. However only few cases of electrical cataract have been reported because very few patients survive after a high electric voltage, that is needed to induce cataract [1–3]. Most of the cases of electrical injury have no visual complaints in the early

period but their visual acuity decreases after a few months of injury with the development of cataract [2, 4].

We saw six young patients in Kashmir valley in India over 2013–2017 developing bilateral electrical cataracts at our tertiary care centre. Three patients (labourers) had electrical injury while at work, whereas the other three had high voltage wires falling on them while walking on the street. In this part of the world, electricity runs via overhead wires that are uninsulated, increasing the chances of such electrical injury. All these patients were under 40 years of age. The cataracts formed were soft but total cataracts that could be easily aspirated providing good visual gain. All the patients had an entry and exit wound. One of the patients required an amputation of his hand while another had total loss of his ear lobe at the exit wound.

Electrical cataracts causing bilateral blindness at a young age is of great concern, as what we may be seeing is only part of a much bigger problem that needs to be tackled at its roots. Our apprehension lies in that such injuries are totally avoidable if an extra amount of care is taken while working at such high voltage currents and if overhead wires are properly insulated.

Electrical insults to the human body can result in a wide range of ocular injuries with resultant ocular complications. An incidence of 6.2% of cataracts is reported following electric injury [4].

Korn and Kikkawa [5] describe a patient post electrical injury with bilateral cataracts and optic atrophy with widespread macular pigment disruption who later developed retinal detachment causing permanent visual

impairment. While none of our patients had retinal complications, one needs to follow up these cases over long term due to the potential of retinal detachments later on.

For the state of Kashmir which harbours one of the highest rates of blindness in India and is riddled with social conflict, government efforts need to be harnessed to prevent this public health issue. What we observed at our apex eye care centre could just be the tip of the iceberg.

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Compliance with ethical standards

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Comment on ‘Overprescribing of antibiotics by UK ophthalmologists’

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I entirely agree with the recommendations made by Fayers et al. [1] to reduce antibiotic prescribing for chalazia and eyelid surgery but wonder whether the general title of the paper should have covered numerous other situations such as prophylaxis in viral conjunctivitis and corneal abrasion. One of the most common doubtful uses however is