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

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

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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

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following cataract surgery. NICE guidance [2] comments that postoperative topical antibiotic prescribing is "part of standard practice" without advising it and recommending further research. Overall, 97% of ASCRS members use them [3], and the version of Medisoft EPR used at my institution produces a prescription for a 2 week 'course' of antibiotics without prompting the surgeon to confirm the default position.

According to The Scottish Intercollegiate Guidelines Network [4] which covers ophthalmic as well as other disciplines of surgery, appropriate surgical prophylaxis is usually defined as a single peroperative dose though this can be extended to a maximum of 24 h for orthopaedic implants. Prolonged courses are thought to be unhelpful or deleterious though evidence for this in cataract surgery is lacking. Herrinton et al. [5] found that addition of postoperative topical antibiotics to an intracameral application increased the incidence of endophthalmitis (odds ratio of 1.6) though they commented on a possible lack of significance with only 11,000 patients in the intracameral only group.

The NICE request for further research is well made but surgeons can be reassured that endophthalmitis will not become much more common if they discontinue this probably inappropriate antibiotic prescribing as I did 15 years ago. Doing so could clarify this topic through our national dataset.

Compliance with ethical standards

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

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Endophthalmitis in patients co-infected by HIV and sporotrichosis: a systematic review of published case reports

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Sporotrichosis cases in HIV-infected patients have increased in recent decades [1, 2]. A systematic review has showed that, compared with exogenous endophthalmitis caused by *Sporothrix*, endogenous endophthalmitis (EE) is more common in HIV-infected patients from hyperendemic areas [3]. These findings suggest that HIV infection may predispose to an increased risk for progression to EE in patients with sporotrichosis [3]. However, EE rate and factors associated with this condition in patients co-infected by HIV and sporotrichosis has not been described. Here we