

CORRESPONDENCE



Response to: 'Comment on: 'Addressing post-operative Mask-Associated Dry Eye (MADE)"

© The Author(s), under exclusive licence to The Royal College of Ophthalmologists 2021

Eye (2022) 36:1847; https://doi.org/10.1038/s41433-021-01844-z

To the Editor:

We thank Ahmad and Malhotra for their interest in our recent paper describing a case of ocular surface breakdown in the immediate time-period following uneventful cataract surgery [1]. In our paper, we suggested that the mechanism of action for this corneal disruption was post-operative Mask-Associated Dry Eye (MADE), which resolved promptly with cessation of mask use and standard eyedrops [2]. Their oculoplastic review of our clinical images raised the possibility in their minds that the observed ocular signs could also be associated with upper eyelid meibomian-gland inversion (MGI) and an early marginal entropion [1].

We thank them for raising awareness of this under-recognised entity (MGI), their proposed surgical solutions and the further comments regarding the potential temporary impact of the eyelid speculum on the lid position. Although facemasks commonly cause mechanical malposition of the lower eyelid anatomy rather than the upper, we accept that their observations could be a further contributing factor in our case.

As our paper discussed, there are many potential mechanisms for ocular surface disruption following cataract surgery, including abnormal lid position, mechanical trauma and/or peri-operative medications causing epithelial toxicity. Environmental changes including facemasks (MADE) can further compound these factors. The recent Tear Film and Ocular Surface DEWSII pathophysiology report highlighted the vast multitude of mechanisms involved in the initiation and perpetuation of dry eye disease, which can all contribute to destabilising the ocular surface [3]. This case and the ensuing discussion demonstrates the timeless principle that

the cornea is only as healthy as the surrounding environment (including the eyelids) permit it to be.

David Lockington o 1.2 and Oliver Chadwick 1.2 Tennent Institute of Ophthalmology, Gartnavel General Hospital, Glasgow, UK. 2 These authors contributed equally: David Lockington, Oliver Chadwick. ™email: davidlockington@hotmail.com

REFERENCES

- 1. Ahmad S, Malhotra R. Comment on: 'Addressing post-operative Mask-Associated Dry Eye (MADE)'. Eye. 2021. Epub ahead of print.
- Chadwick O, Lockington D. Addressing post-operative Mask-Associated Dry Eye (MADE). Eye. 2021;35:1543–4. https://doi.org/10.1038/s41433-020-01280-5.
- Bron AJ, de Paiva CS, Chauhan SK, Bonini S, Gabison EE, Jain S, et al. TFOS DEWS II pathophysiology report. Ocul Surf. 2017;15:438–510. https://doi.org/10.1016/j. jtos.2017.05.011.

COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

Correspondence and requests for materials should be addressed to David Lockington.

Reprints and permission information is available at http://www.nature.com/reprints

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Received: 16 September 2021 Revised: 16 September 2021 Accepted: 4 November 2021

Published online: 18 November 2021