Comment on: Clinical presentations and comparative outcomes of primary versus deferred intraocular lens explantation in delayed-onset endophthalmitis

Intraocular lens (IOL) explantation has been shown to be effective in the management of late-onset and recurrent endophthalmitis, especially of Propionibacterium acnes and fungal etiology, with near-complete removal of the infective element sequestered over the IOL surface and in the capsular bag.[1,2] We congratulate the authors for articulately bringing out the concept of early IOL explantation in delayed-onset endophthalmitis.[3]

First, the rationale for multiple surgeons performing the same in the 25 described cases, based solely on each surgeon’s discretion, remains unclear. We have redone some statistics. Table 5 shows that baseline favorable visual acuity (VA) of >20/400 was present in 7.27% cases in primary explantation group, significantly lesser than 27% in the delayed group (p = 0.046). It increased significantly to 32% finally (change of 24.73%, p = 0.029). Hence, poor presenting VA seems to be an indicator towards requirement of earlier IOL explantation.

Second, since culture positivity was lesser in the primary group, the rationale for IOL explantation without attempting to identify the organism needs to be addressed.

Third, in cases of endogenous endophthalmitis, there is little explanation for expecting sequestration of organisms over IOL, since foci of original infection lie at a distant point. Since inclusion criteria mention delayed-onset endophthalmitis and an inciting event before the onset of endophthalmitis has been considered (presumably cataract surgery), these cases could well have been cases of delayed-onset post-cataract endophthalmitis which needs further explanation.

At our center, we have operated four eyes of fungal endophthalmitis and performed IOL explantation with scleral-fixated IOL (SFIOL) implantation after complete resolution of inflammation. VA improved to >6/36 in three eyes, and one eye had phthisis bulbi. SFIOL implantation after IOL explantation, according to our experience, appears to be a good modality for visual rehabilitation in these eyes, in the absence of complications.

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Conflicts of interest
There are no conflicts of interest.

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