Comment on: Systemic approach to managing vernal conjunctivitis in clinical practice and severity grading system and treatment algorithm

Sir,
We have read with keen interest the article – “Systematic approach to managing vernal keratoconjunctivitis (VKC) in clinical practice: Severity grading system and a treatment algorithm” by Dr. Nikhil S. Gokhale.[1] Although the article has enlightened us with a more meticulous way of treating vernal conjunctivitis, we have a few queries regarding the same.

1. The article does not mention any nonpharmacologic mean of managing vernal conjunctivitis apart from avoidance of allergen. Literature emphasizes the importance of avoidance of rubbing the eyes. It is known that rubbing causes histamine release, which further aggravates the condition[2]
2. The author has not mentioned washing face and eyes in the algorithm. Frequent washing of the face and eyes has been said to wash away the allergens, remove of cellular debris and toxic substances, and give symptomatic relief[3]
3. There is no emphasis on cold compression which enhances the effect of antihistaminics.[4] It lowers the antigen-raised ocular surface temperature to less than the preexposure baseline and causes vasoconstriction, thus enhancing the local effect of drugs. VKC is often associated with ocular pruritus, and cold compresses give symptomatic relief in such cases[4]
4. Why did not the author specify use of preservative-free topical drops which reduce the risk of hypersensitivity to preservatives that are frequently superimposed in these patients
5. Why has the author highlighted the use of loteprednol over other steroids? It is said that fluorometholone is a more potent anti-inflammatory drug compared to loteprednol.[5] Furthermore, fluorometholone has more efficacy in superficial ocular conditions while loteprednol is more efficacious in controlling intraocular conditions
6. What is the significance of lubricating eye drops in this condition? Their mechanism of action is same as that of washing eyes and face frequently along with cold compression. The patients already have a lot of watering, and there is no evidence of dry eye then how do we justify the use of artificial tears?
7. As per the algorithm, the author suggests that all the mentioned modes of treatment can be used in severe conditions. Does that mean we continue using antihistaminics in patients started with something as strong as tacrolimus? What is the treatment of choice to begin with in severe conditions according to the author? Can there be a more specific order of stepping up the treatment in severe conditions to make the article more pertinent?

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Neeraj Ashok Israni, Swetha Narayanam, Prachi Shah, Suresh Ramchandani

Department of Ophthalmology, MGM Medical College and Hospital, 1Department of Ophthalmology, Shivam Eye Clinic, Navi Mumbai, Maharashtra, India

Correspondence to: Dr. Neeraj Ashok Israni, Department of Ophthalmology, MGM Medical College and Hospital, Kamothe, Navi Mumbai - 410 209, Maharashtra, India. E-mail: drneerajisrani@gmail.com

References
1. Gokhale NS. Systematic approach to managing vernal keratoconjunctivitis in clinical practice: Severity grading system and a treatment algorithm. Indian J Ophthalmol 2016;64:145-8.
2. Abelson MB, Udell IJ. H2-receptors in the human ocular surface. Arch Ophthalmol 1981;99:302-4.
3. Vichyanond P, Pacharn P, Pleyer U, Leonardi A. Vernal
keratoconjunctivitis: A severe allergic eye disease with remodeling changes. Pediatr Allergy Immunol 2014;25:314-22.
4. Bohini S, Coassin M, Aronni S, Lambaise A. Vernal keratoconjunctivitis. Eye 2004;18:341-51.
5. Sendrowski DP, et al. Antiinflammatory drugs. In: Barlett JD, Jaanus SO, editors. Clinical Ocular Pharmacology. 5th ed. St. Louis: Butterworth-Heinemann; 2008. p. 222-4.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Cite this article as: Israni NA, Narayanam S, Shah P, Ramchandani S. Comment on: Systemic approach to managing vernal conjunctivitis in clinical practice and severity grading system and treatment algorithm. Indian J Ophthalmol 2016;64:544-5.