Authors' reply

Dear Sir,

We were happy to receive the letter concerning our article titled “Comparison of intracameral dexamethasone and intracameral triamcinolone acetonide (TA) injection at the end of phacoemulsification surgery”.1 In this study, we aimed to compare the results of intracameral dexamethasone and intracameral TA injection in patients that underwent phacoemulsification surgery. This study demonstrated that intracameral dexamethasone and intracameral TA were similar effective in controlling postoperative inflammation after uncomplicated cataract surgery with phacoemulsification. However, the intraocular pressures (IOP) on postoperative 1st day were higher in patients receiving intracameral TA. Since the highest IOP in the TA group was 24 mmHg and stabilized in a few days, in practical terms, using TA may impose a minimal risk to patients. This increase in IOP may be important in a patient with glaucoma.

The author suggested that the scale of Standardization of Uveitis Nomenclature (SUN) working group is a commonly used method, and measures of the slit light were 1 mm × 1 mm in this scale.2 In this study, anterior chamber cell and flare scores were determined using the narrowest slit beam (0.5 mm) at a height of 8 mm, with maximal luminance and magnification of the slit-lamp. In previous studies, which took place in our clinic, we used this method in measuring anterior chamber cell and flare,3 but surely the method which was suggested by the authors could have been used. Unfortunately, at the time of the study, the anterior chamber flare cell meter was not available in our clinic, and hence we used slit-lamp biomicroscopy to investigate the anterior chamber cells and flare. We stated that is the limitation factor of the study. Along with that, injection of TA into the anterior chamber resulted in a “snow-globe effect” of various densities at slit-lamp examination. Despite the suspension of TA crystals, it was easy to assess cell and flare between crystals. The author also suggested, another way of evaluating anterior chamber inflammation is measuring the level of inflammatory mediators in aqueous sample. This suggestion might be used in future studies.

Another important point criticized by the author is that IOP is a dynamic parameter with a circadian rhythm and has fluctuations. Because of that, all preoperative and postoperative measurements were conducted between 8 a.m. and 9 a.m in this study.

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References
1. Gungor SG, Bulam B, Akman A, Colak M. Comparison of intracameral dexamethasone and intracameral triamcinolone...
acetonide injection at the end of phacoemulsification surgery.
Indian J Ophthalmol 2014;62:861-4.

2. Jabs DA, Nussenblatt RB, Rosenbaum JT. Standardization of Uveitis Nomenclature (SUN) Working Group. Standardization of Uveitis Nomenclature for reporting clinical data. Results of the First International Workshop. Am J Ophthalmol 2005;140:509-16.

3. Karalezli A, Borazan M, Akova YA. Intracameral triamcinolone acetonide to control postoperative inflammation following cataract surgery with phacoemulsification. Acta Ophthalmol 2008;86:183-7.