Letter to Editor

# "Comment on "Patterns of Ocular Trauma Presenting to the Tertiary Eye Care Centre in the Islands of Andaman and Nicobar""

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**Dear Editor,**

We read the article "Patterns of Ocular Trauma Presenting to the Tertiary Eye Care Centre in the Islands of Andaman and Nicobar" by Das et al[1] with great interest. However, we have a few important questions and suggestions to make.

The important question in the methodology is that authors used what classification for classifying the traumatic injury Birmingham Eye Trauma Terminology System (BETTS)[2] or the Ocular Trauma Score Classification system.[3] The authors have used ONTT guidelines for traumatic optic neuropathy with intravenous methyl-prednisolone 30mg bolus followed by 5.4 mg / kg/ body wt for 48 hour, but ONTT guideline state that IV methylprednisolone 1 g was given (diluted in 100 ml normal saline over 45 min) for 3 days. Then, oral prednisolone 1 mg/kg in tapering dose is administered for 2 weeks. Can the authors throw some light on this.[4] The authors have treated surgical aphakia with anterior chamber IOL(ACIOL). At what duration postoperatively did the ACIOL was implanted and did the authors encounter any complications post operatively. At our centre, scleral fixated intraocular lens (SFIOL) is used considering the long term complications of anterior chamber IOL like corneal decompensation and secondary glaucoma.[5] The author have highlighted in the methodology that those who had severe penetrating eye injury, globe rupture and had no vision (PL negative) underwent enucleation under general anaesthesia. Did any of these patients had endophthalmitis or pan ophthalmitis and did the authors address penetrating eye injury with primary repair? At our centre, the primary repair is addressed first and enucleation is performed only for pan ophthalmitisafter informed consent.

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