Given the 3-year study period and the relative small number of patients (62 eyes with PXF), we believe that only a sample was studied: Did the authors study a consecutive series? And how did they identify the controls?

Details regarding the IOL power in the 2 groups and the distribution of the astigmatic error were not provided, and the IOL formula(s) adopted not stated. Given that the main measure of the study was the postoperative refraction, we would also like the authors to clarify how that was assessed.

Although it remains impossible to quantify the degree of zonular impairment in different patients affected by PXF, we feel that eyes with manifest iridophacodonesis and those in which a capsular tension ring was inserted should have been excluded from the analysis.

Finally, were the samples large enough to enable meaningful statistical data analysis?

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Endophthalmitis in Cape Town, South Africa: Are the data real?

We appreciated the input from van der Merwe et al., whose statistics revealed a 7-fold decrease in the incidence of endophthalmitis after introduction of the second-generation cephalosporin, cefuroxime, used intracameral intraoperatively. However, their article lacks important details that could influence the external and internal validity of their work.

The number of years of experience of each cataract surgeon was not documented in the study. There was no documentation as to whether the surgeon was a consultant or a trainee. Variability in proficiency between surgeons and operative complications could potentially influence the introduction of microorganisms not only into the surgical sterile field, but also into the eye; neither of these was documented.

Our study of endophthalmitis between 1994 and 2003 in New South Wales, the most populous state in Australia, documented an even higher rate of endophthalmitis (0.834%) than that in the van der Merwe et al. study. Our findings were based on hospital admissions for management of each patient's...
endophthalmitis. A surgeon who has accumulated cataract surgical experience over thousands of procedures might well be expected to have developed techniques that minimize his or her endophthalmitis rate. To address this, over the past 10 years, our group has developed and published techniques aimed at minimizing intraoperative contamination of the operative field. These include eradication of oil and debris accumulation on the ocular surface intraoperatively, especially in patients with deep-set eyes and tight lids, and definitive temporal lash exclusion.

Current literature does not convincingly show that the endophthalmitis rate is statistically significantly different between experienced consultants and trainees. This is possibly because trainees are given less surgically challenging cases on which to operate.

The precise surgical technique for each case of cataract surgery was not documented by van der Merwe et al. It is of interest and concern that when most cataract surgeons worldwide changed their technique to nonsutured clear corneal incisions, around the turn of the millennium, the endophthalmitis rate dramatically increased. We have documented that the reason for the dramatic increase in endophthalmitis subsequent to this change in surgical technique was that the eye was not closed with sutures. It is also recognized that the cataract surgical wound is the only clean wound in all of surgery that is not closed by a suture, staple, adhesive tape, or glue.

Furthermore, the lack of documentation of the methodology in which the van der Merwe study was conducted makes it difficult to verify the internal validity of this study. Unless the study rigorously controlled the use of intracameral cefuroxime, the results could be demonstrating a correlation rather than a direct causative relationship between intracameral cefuroxime use and endophthalmitis.

Finally, as our study showed, patients with poor outcomes, possibly due to endophthalmitis, could have travelled to different hospitals within Cape Town and their endophthalmitis would not have been recorded in the authors' study.

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