



## Correspondence

### Re: Jabbarvand et al.: Endophthalmitis occurring after cataract surgery: outcomes of more than 480 000 cataract surgeries, epidemiologic features, and risk factors (Ophthalmology 2016;123:295-301)



**TO THE EDITOR:** We read with interest the recent paper by Jabbarvand et al<sup>1</sup> highlighting the outcomes of >480 000 cataract surgeries along with the epidemiologic features and risk factors of postoperative endophthalmitis. We have the following questions. First, the authors should clarify the incidence of postoperative endophthalmitis in their study, which is cited as 0.023% at one place and 0.021% at another. Second, there is discrepancy in the incidence of diabetes mellitus: “16 of 112 endophthalmitis cases (14.3%) occurred in patients with diabetes mellitus,” and at another place in the text: “Nearly 20% of our patients with endophthalmitis had diabetes mellitus.” Third, the authors noted that residents with <5 months of experience in cataract surgery had a lower rate of endophthalmitis compared with residents who had >5 months of experience, although the difference was not significant. How do the authors explain this observation? Fourth, in patients with endophthalmitis, was the incision clear corneal or scleral? Endophthalmitis is seen more commonly in clear corneal phacoemulsification.<sup>2</sup> Fifth, the authors stated: “The diagnosis of endophthalmitis was based on clinical examination indicating an inflammatory reaction out of proportion to the surgical trauma during the normal course of postoperative care.” Was posterior segment ultrasonography done to rule out endophthalmitis? How did the authors differentiate between toxic anterior segment syndrome and endophthalmitis?

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### References

1. Jabbarvand M, Hashemian H, Khodaparast M, et al. Endophthalmitis occurring after cataract surgery: outcomes of more than 480 000 cataract surgeries, epidemiologic features, and risk factors. *Ophthalmology*. 2016;123:295-301.

2. Cao H, Zhang L, Li L, Lo S. Risk factors for acute endophthalmitis following cataract surgery: a systematic review and meta-analysis. *PLoS One*. 2013;8:e71731.

**REPLY:** We thank Dr Ram for his interest in our article<sup>1</sup> and his thoughtful comments. Dr Ram asked for clarification about the incidence of postoperative endophthalmitis, which is cited as 0.023% at one place and 0.021% at another. The rate of endophthalmitis in the whole population was 0.023% (112 endophthalmitis cases among 480 104 operations). On the other hand, the incidence of endophthalmitis among patients who underwent phacoemulsification was 0.021% and in patients who underwent extracapsular cataract extraction, the rate was 0.14%. Both were reported correctly in the manuscript.

Dr Ram questioned about the rate of diabetes in the endophthalmitis population. The exact rate is 14.3% (16 of 112).

Dr Ram asked why residents with <5 months of experience in cataract surgery had a lower rate of endophthalmitis compared with residents who had >5 months of experience. The rate is 0.03% in the former group and 0.04% in the latter group. As we mentioned in the Table, the *P* value is 0.46. The difference may be because junior residents perform some parts of surgery and the rest is completed by the attending staff of the hospital, whereas the senior residents perform surgery by themselves, which may result in a higher rate of complications. Additionally, junior residents perform surgery on simpler cases, which may not be as prone to endophthalmitis as the more complicated cases operated by senior residents.

Dr Ram also asked about use of posterior segment ultrasonography for diagnosis of endophthalmitis. We perform ultrasonography on all cases to evaluate vitreous involvement.

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### Reference

1. Jabbarvand M, Hashemian H, Khodaparast M, et al. Endophthalmitis occurring after cataract surgery: outcomes of more than 480 000 cataract surgeries, epidemiologic features, and risk factors. *Ophthalmology*. 2016;123:295-301.