

Bilateral *pseudomonas* endophthalmitis after immediately sequential bilateral cataract surgery

Endophalmite bilateral de *pseudomonas* após cirurgia bilateral de catarata imediatamente sequencial

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Dear Editor,

We have read, with great interest, the report by Hernandez-Da Mota of a devastating case of bilateral postoperative endophthalmitis (POE) following immediately sequential bilateral cataract surgery (ISBCS)⁽¹⁾. This case has been published three years ago in the Mexican literature. Specifically, the report's title was similar, the photographs were reversed, and it had a few other minor differences. However, it is the same case⁽²⁾. We strongly support the reporting of rare unfavorable outcomes to learn from and thereby decrease the probability of future similar events. However, we regret that both reports contain no details about patient selection, sterility precautions used, or the surgical procedures.

Guidelines for the performance of safe bilateral cataract surgery have been published by the International Society of Bilateral Cataract Surgeons⁽³⁾. These are available at www.isbcs.org.

To the best of our knowledge, there are other four confirmed cases of simultaneous bilateral postoperative endophthalmitis (SBPOE) after ISBCS⁽⁴⁾. After reviewing them, we discovered a serious breach of the sterility protocol in all the cases. In 2011, our group published a study of POE cases after ISBCS. Results of our study demonstrate that no cases of SBPOE developed after ISBCS when proper precautions were followed. Additionally, with the prophylactic use of intracameral antibiotics,

we observed an extremely low rate of unilateral POE, 1:14,352 (of 96,606 total cases)⁽⁵⁾.

Clearly, a case of unilateral *Pseudomonas* POE would not have been published without including details of the case, since it would not be considered as "special". This case is indeed extremely unfortunate for the patient. But the report is also not helpful to readers since no information is provided as to the potential etiology. As a consequence, re-publication of this case may be seen as simple sensationalism. It is like saying that young Bobby got killed riding his bike, so we should get rid of all bikes. The fact that three year-old Bobby was riding his bicycle on the train tracks in a railway yard is critical to the story, and our ability to draw conclusions from it. With a complete picture of the events, it becomes clear that parental supervision immediately becomes the critical issue, and not the bicycle. This endophthalmitis case is similar to the above mentioned example. Specifically, it draws our attention to an incidental terrible outcome rather than the potential causative factors. Hopefully details will be forthcoming.

Sincerely

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Replay: bilateral pseudomonas endophthalmitis after immediately sequential bilateral cataract surgery

Resposta: endophthalmitis bilateral de pseudomonas após cirurgia bilateral de catarata imediatamente sequencial

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Dear editor,

We greatly appreciate Dr. Steve A. Arshinoff and colleagues' valuable input on the case report published in your journal: Bilateral Pseudomonas endophthalmitis after immediately sequential bilateral cataract surgery (ISBCS).

We agree that this case was very tragic for the patient and his family. Unfortunately, details surrounding the technique used in this particular case were unknown to the author. Hence, a possible breach in the sterility protocol was also unknown. As a consequence, the author did not want to speculate on the probable causes of this catastrophic event.

The purpose of reporting this case was not by any means mere sensationalism. The goal was to inform the worldwide ophthalmological community, including

Spanish-speaking ophthalmologists, about the possible occurrence with ISBCS of catastrophic events such as these.

It is reasonable to assume by implementing an appropriate and rigorous sterility protocol, the likelihood of an event like this occurring after ISBCS is extremely low. However, it still remains a possibility. After all, the death of both parties in a married couple is more likely to happen if they travel together and the plane crashes, than if they go in separate flights and days, even though it is a very rare event since air travel is very safe nowadays.

Nonetheless, we believe that Dr. Arshinoff and colleagues' effort to document the safety of bilateral surgery is very commendable.

Sincerely