Author’s response to reviews

Title: Results at seven years after the use of Intracameral cefazoline as a prophylaxis of endophthalmitis in cataract surgery

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Version: 3 Date: 14 July 2011

Author’s response to reviews: see over
Dear Editor

Sabina Alam, PhD
Senior Executive Editor
BMC series journals

I send you the responses to reviewers of the manuscript: MS: 8908345295083521

Entitled: “Results at seven years after the use of Intracameral cefazolin as a prophylaxis of endophthalmitis in cataract surgery”

Authors: “Pedro Romero, Isabel Mendez, Merce Salvat, Joan Fernandez-Ballart, Matias Almena and Javier Torres-Reyes”

Prof. Pedro Romero
Responses to reviewer 1

Thank you for the comments on our manuscript.

Comments to Authors:

This is a prospective observational study reporting the incidence of endophthalmitis with and without intracameral cefazolin. The reduction in the rate of endophthalmitis is impressive with intracameral cefazolin. The authors are to be congratulated on magnitude and important findings of this study. The following suggestions may improve the manuscript:

1. Professional editorial assistant in writing the manuscript. For example, the first sentence of the second paragraph in the introduction has a number of grammatical errors.

   The new version has been revised by an expert native English corrector of the University Rovira i Virgili.

2. Under patients and methods, “the patients were classified in three groups” but actually there were only two groups.

   This has been corrected.

3. Under Results, the sentence “Final visual acuity achieved …was inferior to 0.1.” should have visual acuity consistently as snellen or LogMAR format, not mixed format with 20/40 and 0.1.

   The final version includes only a decimal description of visual acuity.

4. Should have a discussion as to why the rate of endophthalmitis for group 1 is so high at 0.63%. Most published reports has the rate at 0.1% or less

   As you say, Endophthalmitis is a damned disease; no surgeon tends to report it after cataract surgery, which hides ITS real incidence. It is generally only reported after the introduction of intracameral antibiotics. In the south of Europe in the decade before the introduction of cefuroxime, its incidence was above the 0.2% as you indicate, in France it was 0.32%, in Spain we had levels of incidence over 0.2%, and groups in the Getafe Hospital have incidences of 0.5% and above.

   In the Madrid health care area, Garcia-Saenz found an incidence of 0.59% (95% CI, 0.50%-0.70%) between January 1999 and September 2005 (1, 2). The incidence in Spain before the use of antibiotics was more than 0.3% (between 0.4% and 0.6%), as recent publications bear witness (1-4).
Other data in Garat et al (5, 6) show an incidence of 0.422% (95% confidence interval [CI], 0.279%-0.613 and those studies, which also used cefazoline.

Furthermore, I can offer the data for the years 2001 to 2004 from the Group Endophthalmitis Barcelona (GEB), collected from 38 hospitals and private ophthalmology centres (which include such famous centres as IMO, the Barraquer Institute, the Hospital Valle Hebron (Prof. García-Arumi) and the Bellvitge Hospital (Prof. Arruga)]. A total of 276 cases were presented following 57,640 cataract operations (0.48%), and the data was sent to me personally as a member of the management group. Our school had an excessive number of endophthalmitis cases, despite using all means of regular prophylaxis (a sterile ophthalmology operating room, povidone-iodine in skin (at 10%) and conjunctival sac (at 5%) with few surgical intraoperative complications etc.)(9).

REFERENCES


[incidence of endophthalmitis 0.59% (95% CI, 0.50%-0.70%) from January 1999 to September 2005]


Responses to reviewer 2

Responses to Major Compulsory Revisions.

1. There are several spelling errors on the title (cefalozine?), abstract (1994 or 1996?) and texts, also, error on references (#5,#7,#21 are a same article).

Thanks for your invaluable help. All errors have been corrected in the new version.

2. This is not a prospective study.

The present study is a prospective study because for all cases of endophthalmitis that have occurred each year since 1990 in our centre we have collected data on age, sex, type of surgery and so on for every patient, as it is a mandatory notifiable disease in our centre. Then, any change in the prophylaxis we carry out in our surgeries will be collected as a prospective change, not retrospective.

3. In the Method part: two groups or three groups?

MIC data have been extracted according to the recommendations of the MENSURA group that binds every hospital in Spain. MENSURA comprises members of the Spanish Society of Chemotherapy and the Spanish Society of Infectious Diseases and Microbiology


Furthermore we corrected the previously erroneous paragraph as: “The dose of cefazolin (1mg/0.1 ml) was based on our calculations that this anterior chamber concentration of cefazolin exceeded the minimum inhibitory concentration (MIC) for susceptible bacteria.”

4. In the Results part:

You do not have to describe every case of group 2. It is not the key part.

The error has been changed in the new version.

5. Authors should write their Methods and Results as an article, not a list.
Thank you for your recommendation. In the new version we have tried to rewrite the methods and results sections according to their instructions, but being an article on the use of a method of prophylaxis, it is difficult not to use the exact description of the process, which makes it less literary.

6. In the Discussion part: The most important weak point is the incidence of endophthalmitis of group 1 is higher than the generally accepted rate (<0.2%). So.
you got a significant ratio difference between 2 groups. The wound of cataract operation should be classified as sterile wound. Every surgeon should focus on the sterilized environment, esp., a university hospital. Too emphasize the potency of new antibiotics is wrong.

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