Author’s response to reviews

Title: Acute onset Lactobacillus endophthalmitis after trabeculectomy: case report

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Author’s response to reviews:

Re: “Acute onset Lactobacillus endophthalmitis after trabeculectomy: case report”

Dear Editor,

Thank you for your interest in our manuscript and your comments which really add to its clarity.

Please find attached our submission of the revised manuscript entitled “Acute onset Lactobacillus endophthalmitis after trabeculectomy: case report” revised according with the instructions of the reviewer.

The detailed response to the comments follows:

REVIEWER 3

COMMENT The authors are to be commended for presenting a case of acute onset endophthalmitis with a rare pathogen. This should be the focus of the report, not the fact that they used a collagen implant. Therefore, the conclusions are misleading and inaccurate. There was no connection between the infection and the collagen matrix implant; therefore, they cannot make the following statement: “...glaucoma surgeons should be aware of the potential of postoperative endophthalmitis due to unusual microorganisms, when they use Ologen as an adjunct to trabeculectomy especially in diabetic patients.” A more accurate statement would be: “Glaucoma surgeons should be aware of the potential of acute postoperative endophthalmitis due to lactobacillus in glaucoma filtration surgery, especially in diabetic patients. The literature shows an increased risk of endophthalmitis when antimetabolites are used in conjunction with trabeculectomy. Perhaps, any type of wound healing modulation, such as collagen or mitomycin-C may increase this risk; however it is unclear at this time
Moreover, the title should probably read “collagen implant” rather than Ologen, since it is more generic and there have been different forms of collagen matrix by the same company that makes ologen. Of note, in your admirable prospective randomized study (also published in ACTA ophth) “Trabeculectomy with OloGen versus trabeculectomy for the treatment of glaucoma: a pilot study”, you used the older version of the collagen implant which was biodegradable in 60 days. The newer version made by the same company lasts 90-180 days and this has been my experience. I have used the newer version in over 100 cases and, although my experience is retrospective, with over 6 months follow-up I have found that it works essentially as well as MMC with no reports of CRVO or endophthalmitis. I wonder if your results in both of your published reports (see below as well) are because your patients are in a retina practice where the majority of your patients have poorly controlled diabetes and other vasculopathies. Finally, you should consider changing the title to "Acute onset Lactobacillus endophthalmitis after trabeculectomy: case report" and leave off mentioning the ologen. The problem is, if you put ologen or simply "collagen matrix" in the title, most people won't make it past the title and assume ologen causes endophthalmitis. This is similar to the corresponding author’s (Ilias Georgalas) report in ACTA Ophth: "Central retinal vein occlusion following trabeculectomy with OloGen in patients with advanced glaucoma: a possible side-effect?" That report did not find any correlation between ologen and CRVO, but because it is in the title, any reader would assume there is. This is very misleading to the reader and must be clarified.

RESPONSE : The manuscript has been rewritten, so as to focus on the rarity of Lactobacillus as a cause of post-surgical endophthalmitis and not in the use of Ologen implant - as we agree with the reviewer that endophthalmitis was completely coincidental. The suggested changes in the title and the conclusions have been performed throughout the manuscript.

REVIEWER 1 The article nicely cites several large retrospective studies reviewing acute endophthalmitis following trabeculectomy surgery. Endophthalmitis is a devastating postoperative complication but very rare and care must be taken in making broad implications from one case. While illustrating that lactobacillus is quite unusual as a cause of endophthalmitis, the authors should expand on their reasoning for the potential association between this infection and the use of an Ologen implant. The author’s should also assess the role of the patient's diabetes and phakic lens status in the setting of the infection. The description of the culture methods and results needs to be clearer, while less emphasis could be placed on the treatment. In addition, editing for grammatical content is required in order to be ready for publication. For example, a patient would complain OF (not for) pain and decreased vision.

RESPONSE : The manuscript has been rewritten so as to focus on the rarity of Lactobacillus as a cause of post-surgical endophthalmitis and not in the use of
Ologen implant as we believe the latter to have been completely coincidental. The role of the diabetes has been stated in the sentence “Most literature suggests that persons with diabetes are at increased risk of developing endophthalmitis after intraocular surgery (10)”. The manuscript has been edited for grammatical mistakes.

REVIEWER 2
An excellent case that is worth publishing for glaucoma surgeons who will be implanting the OloGen implant. There are a few areas that need some further elaboration:

1. How were cultures taken from the OloGen implant?
2. OloGen is a newer adjunctive therapy for trabeculectomy, the case would benefit from a more thorough explanation of the device and how it is used in filtering surgery and a brief review of the efficacy and associated complications that have been reported in the literature.
3. Some of the language and grammar should be edited, in particular post-operative medications
4. What was the long-term functioning of the bleb? Did the implant need to be removed? Did the patient ever show signs of a blebitis?

RESPONSE:
1. a) The sentence “The Ologen implant was not removed from the trabeculectomy since there were no signs of severe blebitis.” has been added to the manuscript.

b) The sentence “Ologen implants from the same batch, with the one used, were sent for culture; additionally, blood samples and samples from the patients conjunctiva were send for culture”

2) The sentence “Ologen™ is a bioengineered, biodegradable soaked, 3-dimensional, porous, collagen- glycosaminglycan implant which may be used in trabeculectomy, providing controlled resistance between the anterior chamber and the subconjunctival space [4, 6]. In a recent study trabeculectomy with OloGen has not been proven to offer any significant advantages when compared with trabeculectomy alone [6].” has been included in the manuscript- introduction section.

3) The manuscript has been edited for grammar mistakes.

4) The sentence “The Ologen implant was not removed from the trabeculectomy since there were no signs of severe blebitis.” and “Eight months after initial surgery VA is 2/10 and IOP 14mmHg without any anti glaucoma medication.” Have been added to the manuscript.

EDITORIAL REQUESTS
Please include the ethnicity of the patient in the case presentation section of the manuscript.
Please include a competing interests section. If the authors have no competing interests, please state: "The authors declare that they have no competing interests".

Please include the authors contribution section. We suggest the following kind of format (please use initials to refer to each author's contribution): FC analyzed and interpreted the patient data regarding the hematological disease and the transplant. RH performed the histological examination of the kidney, and was a major contributor in writing the manuscript. All authors read and approved the final manuscript.

RESPONSE :
All requested information has been added to the manuscript.

Yours Sincerely,
Ilias Georgalas ,MD
Consultant Vitreoretinal Surgeon.