Reviewer’s report

Title: Acute onset Lactobacillus endophthalmitis after trabeculectomy with Ologen implant: case report

Version: 1 Date: 26 January 2010

Reviewer: Steven Sarkisian

Which of the following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: No

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

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 and more study needs to be done.”

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.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

The reviewer is a consultant for Optous, the company that sells the collagen matrix in the Americas, but not in Europe, Mexico or Asia.