Author’s response to reviews

Title: Serratia marcescens endophthalmitis after pterygium surgery: A case report

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I’m really thank reviewers and editors for replying sincere comments on my submitted manuscript.

1. Dear reviewer 1,

I have corrected everything you have pointed out. Thank you for a sharp insight that I hadn’t even thought of. And for the fourth comment, the culture report said "colorless specimen was isolated" not mentioning whether it was pigmented or not. In this case, the endophthalmitis occurred because of the weakened barrier of the sclera, therefore, I think this is not a big matter if the S. marcescens was pathogen or normal flora.

2. Dear reviewer 2,

I appreciate you advising that the bare sclera technique is inadequate nowadays. As you said, it has been known that this method should not be practiced because of its complications. However, applying the bare sclera procedure not alone but along with adjuvant treatment yielded in a low rate of recurrence without significant ocular adverse effects even in these days [1,2]. Also, there have been published a number of studies about cosmetic wide conjunctivectomy which is very similar to the bare sclera technique and now considered as an inappropriate treatment because of the high rates of significant complications including scleromalacia, scleral necrosis, strabismus, and glaucoma (there was no report about postoperative endophthalmitis) [3-6]. The bare sclera excision have advantages like having the fewest resource requirements, quickest method of removal with the least surgical intervention, and the simplest procedure of removal. Therefore, this procedure is still used especially in the primary pterygium at local clinics despite the known complications. In this case, the patient had pterygium surgery at different clinic prior to this clinic. We think that this case report "Serratia marcescens endophthalmitis after pterygium
surgery" could be an opportunity to arouse ophthalmologist's attention not to do bare sclera technique or cosmetic wide conjunctivectomy any more.


5. Regional conjunctivectomy with postoperative mitomycin C to treat chronic hyperemic conjunctiva, Cornea 2012;31(3)236-244.

6. Cosmetic regional conjunctivectomy with postoperative mitomycin C application with or without bevacizumab injection, AJO 2013;156(3)616-622.