Author’s response to reviews

Title: Iatrogenic broken intralenticular steroid implant – A case report of rare complication

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Version: 1 Date: 28 Feb 2019

Author’s response to reviews:

Thank you for the reviews.

Dear reviewer 1:

In regards to the comment numbered 5, we are sorry to inform that the intra-operative and post-operative slit lamp photographs were not available as the camera device of the slit lamp malfunctioned during that specific timings. In regards to the additional comment numbered 8, we wish to report that the broken OzurdexTM implant was repositioned through the already-breached posterior capsule into the vitreous cavity (which was the initial rightful anatomical position for the OzurdexTM implant) after the natural lens removal without vitreous loss. An intraocular lens was successfully placed in the capsular bag, after the broken OzurdexTM implant was repositioned into the vitreous cavity. We have also rectified the errors by removing reference numbered 7 and changed the word of ‘unintentional’ to ‘inadvertently’.

Dear reviewer 2:

In regards to the ‘comments for the author’ section, the diagnosis of sarcoidosis was presumptively made as the patient had compatible clinical evidence of hypercalcemia with raised serum angiotensin-converting enzyme (ACE) and radiological manifestation such as bilateral hilar adenopathy on chest X-ray after excluding other diseases that may present similarly. Despite intensive topical steroid treatment for 6 months, the vitritis persisted with no significant intraocular pressure increment and hence Ozurdex™ intra-vitreal injection was planned. We have removed line 72 and rephrased the sentence into ‘The posterior capsular breach occurred in
two sites of the posterior capsule (as shown in Figure 2), encroaching on the visual axis, a decision was made to proceed with the right eye cataract extraction and reposition of the fractured implant. In order to reduce the recoil force, we suggest the OzurdexTM implant intravitreal injection is to be done towards the direction of the optic disc. Dispersive Ophthalmic Viscoelastic Device (OVD) was used to help protecting the corneal endothelium during phacoemulsification. The right eye natural lens was successfully removed as per usual phacoemulsification steps using divide and conquer technique. The broken OzurdexTM implant was repositioned through the already-breached posterior capsule into the vitreous cavity (which was the initial rightful anatomical position for the OzurdexTM implant) after the natural lens removal without vitreous loss. In our case, the fracture of Ozurdex™ implant did not affect its efficacy as the vitritis had resolved completely after the phacoemulsification.

Dear reviewer 3:

In regards to the comment numbered 4b, the patient initially complained of seeing floaters over his right eye. Visual acuity of his right eye was 6/24 whereas his left eye was normally recorded as 6/6. The initial intraocular pressure (IOP) for both eyes were within the normal range (16mmHg bilaterally). Intraoperatively, dispersive Ophthalmic Viscoelastic Device (OVD) was used to help protecting the corneal endothelium during phacoemulsification. The right eye natural lens was successfully removed as per usual phacoemulsification steps using divide and conquer technique. The broken OzurdexTM implant was repositioned through the already-breached posterior capsule into the vitreous cavity (which was the initial rightful anatomical position for the OzurdexTM implant) after the natural lens removal without vitreous loss. We managed to follow up the patient till 3 months post-operatively, of which the details of the follow up have been described in our manuscript. The patient defaulted his follow up thereafter.

Dear reviewer 4:

In regards to the comments numbered 8 and 9, we wish to inform that despite a previous case report stating observation of stable intralenticular broken OzurdexTM implant, surgical approach was deemed appropriate in our case due to the unique nature of the intralenticular broken implant which was encroaching on the visual axis and the increased risk of cataract formation. The posterior capsular breach occurred in two sites of the posterior capsule (as shown in Figure 2), encroaching on the visual axis, hence a decision was made to proceed with the right eye cataract extraction and reposition of the fractured implant.