

Comment on: Case series of scleral patch grafts during COVID-19 pandemic

Dear Editor,

We read the interesting case series by Jyothi *et al.*^[1] highlighting the use of scleral patch graft for corneal perforations during the COVID-19 pandemic. The authors have nicely managed all the cases; however, we have a few important observations and suggestions to make, which we believe will be beneficial for the readers.

In the first case, the authors mention that the patient was managed with fortified amikacin, taxim, and chloramphenicol and 12 weeks later pentacam was done to assess the tight suture. Did the authors use steroids during that period for graft survival since there is no mention of steroid use? It would be interesting to know when did the authors start the steroids postoperatively and how the antibiotics were titrated as the patient had an excellent outcome.

In the second case, what was the etiology for the corneal infiltrate? Was it traumatic or sterile immune melt because in cases with sterile infiltrates systemic history becomes very important before subjecting the patient for surgery? Can the authors throw some light on this? Moreover, the authors started lotepred on the first postoperative day in this case in contrast to case one. What were the reasons for starting steroid immediately postoperatively and was the infection ruled out?

In the third case, the authors have managed the case brilliantly. However, we have an interesting point to add. In cases with foreign body injury and corneal abscess, it is always advisable to have dilated lenticular and fundus examination to rule out lens abscess^[2] and intraocular foreign body as small foreign bodies can be easily overlooked. In addition, if the fundus is hazy, a B scan can be done to rule out the retinal foreign body. Cases with lens abscesses usually manifest as focal cataracts on the first visit and later manifest as an abscess on follow-up. Hence, a close follow-up is mandated in these cases. Moreover, again it would be interesting to know the timing and duration of the steroid regimen for this patient. Once again we congratulate the authors for this excellent case series during the time of crisis.

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Conflicts of interest

There are no conflicts of interest

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