Response to comments on: A pilot study on the perspectives of pediatric ophthalmologists and their patients towards online consultation during COVID-19 lockdown in India

Dear Editor,

We are glad that Sanjay, *et al.* have raised important points regarding our paper.^[1] We would like to clarify their concerns.

- E-consultation was defined as a consultation in which the patient would upload their complaints, relevant history, clinical photos/videos, and past medical records to avail the opinion of a qualified pediatric ophthalmologist. The respective pediatric ophthalmology consultant would then review the records within 24 h, call the patient via teleconsultation whenever needed, make the diagnosis, and suggest the management
- 2. A video consultation was often associated with network connectivity issues, poor resolution of the quality of the audiovisual media (in comparison with high-quality photos and videos uploaded in advance), an undue extension of consultation (doctor's chair time), and poor cooperation from the "young" or cerebrally affected child at the time of consultation. However, for certain situations, video consultation was preferred viz. to perform the cover tests in patients with a squint, assess ocular motility/nystagmus, assessment of cerebral vision impairment, and so on
- 3. Our first 50 patients, consulted between May 19th, 2020 to July 18th, 2020, sought advice for varied ocular disorders that included refractive errors (8), allergic eye disease (8), strabismus (7), meibomian gland dysfunctions (7), hordeolum externum (4), postoperative follow-up for squint (4), nystagmus (4), cerebral vision impairment (3), congenital nasolacrimal duct obstruction (2), amblyopia (2), preseptal cellulitis (2), benign ocular tics (2), corneal foreign body (1) and abrasion (1), normal eyes with nonocular headache (3), leucocoria (1), stage 5 retinopathy of prematurity (1), hordeolum internum (1), chalazion (1), pseudophakia (1), aphakia (1), and acute optic neuropathy (1)
- 4. The majority were new patients (34 out of 50). Few of these consulted us after consulting a local non-pediatric ophthalmologist for a second opinion
- 5. The accuracy of the diagnoses was 80% as ascertained from the patients who visited the clinic later. Two patients were misdiagnosed, of which one had sight-threatening ocular defect viz. bacterial keratitis, and the other one had Duane retraction syndrome, falsely diagnosed as accommodative esotropia.

We believe, an eye clinic visit, while observing COVID-19 safety norms (even if it is a nonspecialist facility), is still preferable over a pediatric teleophthalmology consultation for emergency eye care in children during the lockdown.

Financial support and sponsorship Nil.

Conflicts of interest

There are no conflicts of interest.

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 Kothari M, Rathod V, Sugathan S, Kothari MM. A pilot study on the perspectives of pediatric ophthalmologists and their patients towards online consultation during COVID-19 lockdown in India. Indian J Ophthalmol 2020;68:1494-95.

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Access this article online	
Quick Response Code:	Website:
	www.ijo.in
	DOI: 10.4103/ijo.IJO_3553_20

Cite this article as: Kothari M, Rathod V, Sugathan S, Kothari MM, Sahiba B. Response to comments on: A pilot study on the perspectives of pediatric ophthalmologists and their patients towards online consultation during COVID-19 lockdown in India. Indian J Ophthalmol 2021;69:164.

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