

Response to comment on: Culture-positive unilateral panophthalmitis in a serology-2 positive case of dengue hemorrhagic fever

Sir,

We thank authors for taking keen interest in our article.^[1] We have carefully gone through the queries raised by the authors and have responded accordingly.^[2] The patient was admitted and treated in a leading urban tertiary multispecialty care setup in Eastern India, where the needles and syringes are strictly disposed off after single use. The hospital is NABH accredited, and the sterility protocols are maintained accordingly.^[3] The patient developed redness in the eye on the second day posthospitalization; hence, the time span from hospitalization to acquiring infection is <48 hours. Hence, this is highly unlikely to be an infection acquired from the hospital setup.^[4] The patient was from a good socioeconomic class, so the treatment was not compromised at any step due to financial constrain. The blood report of the patient showed positive NS1 IgG antigen, and dengue viral type 2 was isolated on report. The culture of intravenous solutions used in treatment was not done (as it is never routinely done at any medical setup in India); all the medications used were from single-use disposable vials and bottles.

We appreciate your thorough effort and surely accept that hospital-acquired infection can be one of the differential diagnosis. But, due to all the points mentioned above, the chances of it are extremely unlikely and seldom. Henceforth, we believe it to be a dengue-induced septicaemia, and treated accordingly, after discussion with a panel of intensivist and physician. Finally, the patient started getting metabolically stable 1-week post op, which again points towards a correspondence to our diagnosis.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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