Comment on: Systemic approach to managing vernal conjunctivitis in clinical practice and severity grading system and treatment algorithm

Sir,

We have read with keen interest the article – "Systematic approach to managing vernal keratoconjunctivitis (VKC) in clinical practice: Severity grading system and a treatment algorithm" by Dr. Nikhil S. Gokhale.[1] Although the article has enlightened us with a more meticulous way of treating vernal conjunctivitis, we have a few queries regarding the same.

1. The article does not mention any nonpharmacologic mean of managing vernal conjunctivitis apart from avoidance of allergen. Literature emphasizes the importance of avoidance of rubbing the eyes. It is known that rubbing causes histamine release, which further aggravates the condition[2]
2. The author has not mentioned washing face and eyes in the algorithm. Frequent washing of the face and eyes has been said to wash away the allergens, remove of cellular debris and toxic substances, and give symptomatic relief[3]
3. There is no emphasis on cold compression which enhances the effect of antihistaminics.[4] It lowers the antigen-raised ocular surface temperature to less than the preexposure baseline and causes vasoconstriction, thus enhancing the local effect of drugs. VKC is often associated with ocular pruritus, and cold compresses give symptomatic relief in such cases[3]
4. Why did not the author specify use of preservative-free topical drops which reduce the risk of hypersensitivity to preservatives that are frequently superimposed in these patients
5. Why has the author highlighted the use of loteprednol over other steroids? It is said that fluorometholone is a more potent anti-inflammatory drug compared to loteprednol.[5] Furthermore, fluorometholone has more efficacy in superficial ocular conditions while loteprednol is more efficacious in controlling intraocular conditions
6. What is the significance of lubricating eye drops in this condition? Their mechanism of action is same as that of washing eyes and face frequently along with cold compression. The patients already have a lot of watering, and there is no evidence of dry eye then how do we justify the use of artificial tears?
7. As per the algorithm, the author suggests that all the mentioned modes of treatment can be used in severe conditions. Does that mean we continue using antihistaminics in patients started with something as strong as tacrolimus? What is the treatment of choice to begin with in severe conditions according to the author? Can there be a more specific order of stepping up the treatment in severe conditions to make the article more pertinent?

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Conflicts of interest

There are no conflicts of interest.

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