Response to comments on: A comparative study of tarsorrhaphy and amniotic membrane transplantation in the healing of persistent corneal epithelial defects

Dear Editor:

We sincerely thank Srirampur A *et al*.[1] for their interest in our article[2] and hope to clarify their queries to the best possible extent.

After treatment for persistent corneal epithelial defect (PED) by amniotic membrane transplantation (AMT) or tarsorrhaphy, the conventional treatment was instituted. It comprised of artificial lubricants topically 2 hourly initially for a month and then a reduced dose to 6 times a day dose along with topical antibiotic (preservative free) 4 times a day for a week. Topical lubricant in gel form was also prescribed in patients with larger defects. Topical steroids (surface steroids e.g., flurometholone) in low frequency and doses were prescribed to the patients who were post-operative patients for penetrating keratoplasty (however they were not given in cases where keratoplasty was performed for fungal corneal ulcers).[3]

Patients with chemical injury and other etiologies such as severe dry eye, ocular surface disorders, post chemical injuries and severe limbal stem cell deficiency do not respond well to treatment by AMT and tarsorrhaphy, hence were not included in the study. It has already been well established that the role of AMT is very limited in the healing of defects caused due to chemical injuries as these patients are candidates for additional procedure such as SLET (simple limbal epithelial transplantation).[3,4]

Even the patients who underwent penetrating keratoplasty did not have had the above said mentioned etiologies as indication for the procedure if they were to be taken for just AMT or tarsorrhaphy.

Patients non responsive to the treatment of AMT or tarsorrhaphy were post penetrating keratoplasty patients with large PED's. Indication for penetrating keratoplasty in all these patients was deep corneal opacities with adherent leucoma (healed corneal ulcers). The culture reports of the

recipient buttons for such patients revealed negative reports. However, the histopathology reports were indicative of high inflammatory cell percentage on the basis of which it was assumed that the probable etiology of the adherent leucomas was healed viral keratitis.[5] Given the neurotrophic nature of viral keratitis it corresponds with the fact that they do not respond to either of the treatment modalities.[6] We feel that these cases would respond better if modalities such as neurotisation of the cornea or additional procedures such as the use of auto logus serum are instituted. [7,8]

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Conflicts of interest

There are no conflicts of interest.

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