

### Comment on: A case of perforating injury of eyeball and traumatic cataract caused by acupuncture

Sir,

Shuang and Yichun presented a very interesting case in their report entitled, "A case of perforating injury of eyeball and traumatic cataract caused by acupuncture."<sup>[1]</sup> The authors have presented a rare case of open globe injury of the eyeball caused by acupuncture.

Classifying trauma is important as it guides management and indicates visual prognoses. According to the Birmingham Eye Trauma Terminology System, this case should be labeled as a "penetrating injury" and not perforating as no separate exit wound has been documented.<sup>[2]</sup> This also explains the better result. It has been reported that the slit-lamp examination showed a full-thickness self-sealed corneal perforation of

3 mm long at 7 o'clock. The anterior chamber (AC) evaluation revealed + 2 flare, and its beneath was shallow. The literature states that it is better to delay and allow the capsule to fibrose in the absence of urgency, as this would also have allowed a more favorable implantation of the intraocular lens in capsular bag with a better visual prognosis and lesser complications.<sup>[3]</sup> Delaying surgery also helps in controlling inflammation before. In the absence of lens matter in AC, and keeping in mind the minimal inflammation in the case, first treating the eye with topical steroids would perhaps have been more appropriate.

As acupuncture is not commonly practiced in many parts of the world, we request the authors to detail the exact manner of injury with the needle. Furthermore, it appears on sonography that some lens matter had trickled into the vitreous cavity. If so, is it an indication of prophylactic intravitreal antibiotics?

The case is indeed unique and presents untold challenges. We keenly await the authors' response.

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### Conflicts of interest

There are no conflicts of interest.

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