

Response to comments on: Clinical profile and prevalence of conjunctivitis in mild COVID-19 patients in a tertiary care COVID-19 hospital: A retrospective cross-sectional study

Dear Editor,

We sincerely thank the authors^[1] for showing keen interest in our work and pointing out some important observations of our study.^[2] We are pleased for the opportunity to respond to the points raised by the authors for better understanding.

- All the patient information details comprising of demographic details, exposure history, systemic, and ocular symptoms were retrieved from the hospital record and a further one-time cross-sectional examination was done in patients with ocular complaints by an ophthalmologist posted in the coronavirus disease (COVID) ward. There was no separate proforma for all the patients with mild COVID-19 patients. The work is a retrospective cross-sectional study. A predesigned proforma was used to extract the information systematically and retrospectively from the files to facilitate systematic data capture, entry, and analysis
- In all 127 patients, face to face short ocular history was taken as a routine assessment, so the chance of missing mild conjunctivitis is minimal; however, further detailed ocular examination (on torchlight) and direct questions were asked only to 12 patients with ocular complaints, and findings were recorded in the case notes. Being a retrospective study, the information as available was used
- It is indeed true that conjunctival congestion alone would be difficult to differentiate from the other causes of conjunctival congestion with the provided working scenario and the limited infrastructure for detailed ocular examination in the COVID isolation-cum-treatment center. Nevertheless, the assessment was thorough and adequate to ensure that other conditions like episcleritis and scleritis were not missed. None of the patients gave a history of similar ocular complaints in the past and the symptoms appeared only after admission following detection to be COVID-19 positive. The chronological and synchronological nature of the presentation was highly suggestive of being associated and unlikely to be due to inadequate sleep or due to stress resulting from the torchlight examination. The clinical picture was highly suggestive that conjunctivitis in these cases was caused by COVID-19 infection, as was also observed in previous studies and reported in the literature.^[3,4] One patient complained of lid edema and periorbital rash. (Table 2. shows characteristics of a patient with conjunctival congestion)^[2]
- Earlier observation by Belse and colleagues^[5] found that exposure of unprotected eyes to the 2019-novel coronavirus could cause acute respiratory infections and possess a risk of severe acute respiratory syndrome-related coronavirus (SARS-CoV) transmission. Though the positivity rate of detecting SARS-CoV-2 in conjunctival swabs is very less (2.23%),^[6] the possibility and risk of infection transmission should not be neglected. Conjunctival swabs to estimate SARS-CoV-2 mRNA load nucleic acid was not done in our patients, as it is

not a routine protocol in COVID care and the study was retrospective in nature. This has been mentioned as a study limitation.^[2]

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Nil.

Conflicts of interest

There are no conflicts of interest.

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