Authors' reply

Dear Editor,
Thank you very much for your interest and your comments[1] on our article titled "Etiology and antibacterial susceptibility pattern of community-acquired bacterial ocular infections in a tertiary eye care hospital in South India."

This study was a retrospective analysis,[2] which included ocular samples submitted for microbiological evaluation, obtained from clinically diagnosed ocular infections such as blepharitis, conjunctivitis, internal and external hordeolum, suppurative scleritis, canaliculitis, keratitis, dacryocystitis, pre-septal and orbital cellulitis, blebitis, endophthalmitis, and panophthalmitis, between January 2002 and December 2007. Using standard techniques, the specimens were collected and subjected to culture and smear analysis.[3-5] From the entire range of infections that we have collected samples from, endophthalmitis cases can probably be the ones which could have been infection acquired during medical care and not from the community. Even in our series of endophthalmitis cases, there were no cluster infections, which could be the evidence to hospital-acquired infections. We thank the reader for sensitizing us toward the point.

Regarding the methods of specimen collection in cases of orbital cellulitis, in the presence of open wound or drainage site, materials were obtained by aspiration with a sterile syringe and needle for immediate inoculation onto appropriate culture media.[4,6,7]

The article, which was published in *Indian Journal of Pathology and Microbiology*,[8] contains data of samples submitted to microbiology laboratory for microbiological evaluations between January 2005 and December 2005. During this study period of 1 year, we had not received ocular samples for microbiological evaluation from cases of orbital cellulitis; however, we had samples from three cases of pre-septal cellulitis.

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