Response to comment on: Ethambutol toxicity: Expert panel consensus for the primary prevention, diagnosis, and management of ethambutol-induced optic neuropathy

Dear Editor,

We thank the author for taking interest in our article and raising vital issues.^[1] The two publications of the Indian Neuro-Ophthalmology Research Group (INOSRG) regarding ethambutol toxicity aim at increasing awareness among physicians and ophthalmologists.^[2,3]

The current document provides guidelines about the screening, diagnosis, follow-up, and treatment of ethambutol toxicity. We agree that diagnosis of the toxicity is mainly clinical and does not require OCT, which when available may be useful to pick up early damage due to the toxicity. It is essential that all the peripheral centers should at least be equipped with basic tools: a visual acuity chart and Ishihara booklet.

INOSRG noted that most of the patients are not aware of the side effects of ethambutol and not many physicians find it pertinent to send patients for baseline examination before starting the medication. The author may refer to our publication that provides the measures to increase awareness and screening means that can be used at various levels.^[3] Its recommendations include the following:^[3]

- Identification and baseline ophthalmic examination of high-risk patients.
- Sensitize community health workers (CHWs), such as ASHA, who are involved in the TB program, about the side effects.
- Inquire the patient about any visual complaints such as a decrease in vision or color perception on follow-up.
- Physicians, if feasible, can have a visual acuity chart at their clinic where screening is possible.

 Physicians and CHWs should make patients aware of the visual side effects of ethambutol so that they can seek help at the earliest.

With the inclusion of ethambutol as a part of the continuation phase in the *Revised National Tuberculosis Control Program, 2016,* it becomes essential for ophthalmologists to increase vigilance and sensitize physicians about this preventable drug-induced vision loss that adds to the misery of the patient.

Acknowledgements

We wish to acknowledge the support of Cipla Ltd. in the conduct of the virtual meeting and the support in the drafting of the document.

Financial support and sponsorship

Conflicts of interest

There are no conflicts of interest.

Rohit Saxena, Digvijay Singh¹, Swati Phuljhele, V Kalaiselvan², Satya Karna³, Rashmin Gandhi⁴, Anupam Prakash⁵, Rakesh Lodha⁶, Anant Mohanˀ, Vimla Menon՞, Rajeev Garg՞, INOSRG*

Strabismus and Neuro-Ophthalmology Services, Dr. Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS, New Delhi, ¹Noble Eye Care, Gurgaon, Haryana,

²Indian Pharmacopoeia Commission, Ministry of Health and Family Welfare, Govt of India, ³Department of Ophthalmology, Jaypee Hospital, Noida, Uttar Pradesh, ⁴Consultant Neuro-Ophthalmology Services, Centre for Sight, Hyderabad, Director Foresight Worldwide, Visiting Professor, University of Hyderabad, Telangana, ⁵Department of Medicine, Lady Harding Medical College and Affiliated Hospitals, New Delhi,

Department of Paediatrics, All India Institute of Medical Sciences, New Delhi, Department of Pulmonary, Critical Care and Sleep Medicine, All India Institute of Medical Sciences, New Delhi,

⁸Neuro-Ophthalmology Services, Centre for Sight, Delhi, ⁹Professor of Excellence, Directorate General of Health Services, Government of India *Indian Neuro-Ophthalmology Society Research Group (INOSRG):
Ambika Selvakumar, Ankur Sinha, Digvijay Singh, Hemalini
Sawant, Jaspreet Sukhija, Jawahar Lal Goyal, Jenil Seth, Jitendra
Jethani, Jyoti Matalia, Kumudini Sharma, Mahesh Kumar,
Meenakshi Dhar, Murlidhar R, Naveen Jaikumar, Nishant Kumar,
Padmavathy Maharajan, Pradeep Agarwal, Rashmin Gandhi,
Ravinder Battu, Rohit Saxena, Satya Karna, Shikha Bassi, Soveetha
Rath, Sujata Guha, Sumit Monga, Swati Phuljhele,
V Krishna, Varshini Shankar, Vimal Fudnawala, Vimla Menon,

Correspondence to: Prof. Rohit Saxena, Room No. 377, Dr. R. P. Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, Ansari Nagar, New Delhi, India. E-mail: rohitsaxena80@yahoo.com

References

- Panigrahi PK. Comment on: Ethambutol toxicity: Expert panel consensus for the primary prevention, diagnosis, and management of ethambutol-induced optic neuropathy. Indian J Ophthalmol 2022;70:1069-70.
- 2. Saxena R, Singh D, Phuljhele S, Kalaiselvan V, Karna S, Gandhi R, *et al.* Ethambutol toxicity: Expert panel consensus for the primary prevention, diagnosis and management of ethambutol-induced optic neuropathy. Indian J Ophthalmol 2021;69:3734-9.
- 3. Saxena R, Phuljhele S, Prakash A, Lodha R, Singh D, Karna S, et al.

Ethambutol optic neuropathy: Vigilance and screening, the keys to prevent blindness with the revised anti-tuberculous therapy regimen. J Assoc Physicians India 2021;69:54-7.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website:
	www.ijo.in
	DOI: 10.4103/ijo.IJO_88_22

Cite this article as: Saxena R, Singh D, Phuljhele S, Kalaiselvan V, Karna S, Gandhi R, et al. Response to comment on: Ethambutol toxicity: Expert panel consensus for the primary prevention, diagnosis, and management of ethambutol-induced optic neuropathy. Indian J Ophthalmol 2022;70:1070-1.

© 2022 Indian Journal of Ophthalmology | Published by Wolters Kluwer - Medknow