Some patients were adequately managed substituting LC by another drug such as carbamazepine or haloperidol, while others who resumed lithium treatment experienced worsening of the papilledema. In some cases, as that of the present patient, the psychiatric disease required reinstatement of lithium treatment, which caused the persistence of visual symptoms and signs.

Benign intracranial hypertension is a possible although exceptional complication of long-term LC treatment, which means that the use of this drug must be questioned when said entity is suspected. Some authors recommend regular fundoscopic checkups of patients in treatment with lithium.

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Author’s reply

Inyecciones intravítreas: ¿y qué prefieren los pacientes? Análisis de satisfacción y preferencias sobre la ubicación de la realización de inyección intravitrea. Respuesta de los autores

Dear Sir,

First and foremost, I would like to thank Sai Tin et al.1 for the comments on the «Intravitreal inyections: What do patients prefer?» article.

As the article mentions, I would like to point out that the main object of the survey was not to obtain data on safety even though when injected patients were examined, possible adverse effects were also analyzed.

Obviously, there is growing concern on the safety of intravitreal injections mainly due to the increased number being carried out all over the world.

Studies indicate an incidence of endophthalmitis between 0.019 and 1.6%2 according to different authors. Despite these data, which are better than those of other ophthalmological surgery procedures such as phacoemulsification, improvements are being introduced in protocols in an endeavor to reduce these percentages.

The American Academy of Ophthalmology (AAO) does not indicate a preferred environment for carrying out intravitreal injections. Most are done in the examination room or in an area prepared beforehand for injections. In Europe, protocols are different between countries. For example, in Switzerland it is recommended to place them in a surgery room.3 In Spain, the guide of the Retina and Vitreous Society of Spain (SERV) does not specifically recommend an environment for carrying out the procedure (consulting room, nurse room or surgery) «provided that the place is comfortable for the patient as well as for the ophthalmologist and allows the execution of a sterile technique».4

The only practice that has been proven to diminish the incidence of endophthalmitis is the use of iodine povidone before

ophthalmological surgery.\textsuperscript{2,3} Friedman et al.\textsuperscript{5} have demonstrated that 30 s exposure significantly reduces cultures.

The use of surgical masks\textsuperscript{6} for health staff and sterile cloth over the nose and mouth of the patient has been proposed to avoid contagion of oropharyngeal secretions, as it has been evident that, in contrast with infections after other types of ophthalmological surgery, Streptococci is frequently the cause of endophthalmitis after intravitreal injections. This germ appears to originate in oropharyngeal contamination.

In addition, the use of antibiotics during surgery has been analyzed without demonstrating a reduction in the incidence of infections. On the contrary, increased bacterial resistance rates have been described\textsuperscript{3} with said use of antibiotics.

Asepsis procedures must always be respected with surgical handwashing, use of sterile material and gloves and preservation of stability throughout medication preparation procedures.\textsuperscript{2,3} It is also recommended to use blepharostats\textsuperscript{7} and to isolate eyelashes.

Several articles have described the absence of endophthalmitis when carrying out injections in a previously prepared room.\textsuperscript{19}

Applying said procedure in a surgical room ensures better environmental conditions derived from strict regulation of temperature, humidity, pressure, air ventilation and filtration.\textsuperscript{3} However, a randomized to study would be required to determine any difference in the risk of endophthalmitis when comparing injections carried out in surgical rooms and in consulting rooms. On the other hand, application in consulting rooms could facilitate logistics, which are increasingly complex due to the high volume of procedures being carried out as it would shorten time frames and improve patient comfort.

As long as there are no conclusive studies, the above protocols should be respected in an endeavor to minimize the risk of patients contracting endophthalmitis, regardless of the environment in which said procedures are carried out.

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Simulation in ophthalmology secondary to an chronic retinal detachment\textsuperscript{*}

Simulación en oftalmología secundaria a desprendimiento de retina crónico

Dear Editor,

Non-organic visual loss (NOVL) is the presence of ocular symptoms, mainly loss of vision, without organic causes that could explain it. NOVL is also known as functional visual loss or simulation in ophthalmology and can appear in up to 1% of ophthalmology emergencies or in 5% of children visiting outpatient ophthalmology practices. NOVL is suspected during normal basic ophthalmological assessment in the presence of inconsistent ocular symptoms.\textsuperscript{1,2}

Adults can deliberately simulate ocular symptoms in order to obtain some type of benefit or as the result of a psychiatric disease as established in CIE 10 (F44 dissociative conversion disorder) as well as in DSM IVR (fictitious disorders).\textsuperscript{1,2}