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Letter to the Editor

Ocular sparganosis: comment

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To the Editor

We would like to share ideas on for the publication titled "A case of ocular sparganosis in China: Episode of migration from muscle cone to subconjunctiva" [1]. In their case report, surgery was performed during hospital admission of a 34-year-old lady, and sparganosis was confirmed. Within a week of the procedure, the patient's conjunctival blood suffusion and eye pain stopped, and over the course of the subsequent two years, she remained healthy and symptom-free. A frequent clinical manifestation of sparganosis is an ocular mass. The eye condition was the leading presentation in the prior study from Indochina, the endemic region, and surgical removal typically yields a preferred outcome [2]. The present case may support and expand earlier studies. However, there are a few points worth mentioning. A full body scan is first required to determine if there is any additional parasitosis. Authors should refer to further studies on the possibility of dissemination parasitosis. Second, there may be co-infection with other tissue invading parasites and it is important to be aware of this potential [3]. Other non-parasitic cause of conjunctiva problem, such as allergic reaction, is also possible. It should be discussed whether the current case encountered the additional problem.

Reply from Dr. Kun Liang (corresponding author: lkahmu@163.com.cn)

We appreciate the comments and suggestions given by Dr. Kleebayoon on our recent publication [1].

1. A full body scan is first required to determine if there is any additional parasitosis. Chen et al. [1] should be mentioned for further research into the possibility of dissemination parasitosis.

Response: We have learned about the patient's medical history in detail. When the patient first suffered from eye discomfort, he went to another hospital and found a space-occupying lesion in the eye by magnetic resonance imaging (MRI) examination. The patient told us she did a lot of systemic imaging examinations in the hospital, including magnetic resonance imaging of the chest, abdomen and pelvis, but no obvious abnormality was found. We described the abnormal findings of the eye in case description, "A MRI scan from another hospital showed a foreign body in the muscle cone close to the lateral rectus in the left eye." But at the earliest time, we did not determine that the orbital space occupation was parasitic infection. After all, ocular parasitic infection cases are rare in clinical work. When we take out the parasite from the subconjunctival and make sure that the patient is infected by parasite, and ask the patient for further examination, the patient refused to

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have another general examination. However, Dr. Kleebayoon suggested that further research into the possibility of parasite transmission should be paid attention to in clinical work.

2. It is conceivable for there to be an o-infection with another tissue parasite, and it is important to be aware of this potential.

Response: Thanks again to Dr. Kleebayoon for letting us realize the importance of co-infection with another tissue parasite. When the patient's eye parasite was removed, the patient's eye symptoms improved. The patient refused to undergo a series of systemic examinations, and we had to give up at that time. We have asked the patient to return for examination in time for many times, but the patient did not return for examination on time. It was not until two years later that she had a physical examination, indicating that there was no recurrence of sparganosis. We believe that this case report reports the migration of retrobulbar parasitic infection to the subconjunctival region, which provides a new perspective for the choice of surgical opportunity for such patients, that is, the operation is not necessary immediately if the infection of sparganosis is found. We want more ophthalmologists to recognize this disease and choose the appropriate operation time.

3. Other non-parasitic cause of conjunctiva problem, such as allergic reaction, is also possible. It should be discussed whether the current case by Chen et al. encountered the additional problem.

Response: This question is very professional. For common eyes, we may consider many reasons, such as acute reaction and dry eye. However, when this patient came to our hospital, she not only said that she was not comfortable with her eyes, but also brought the results of orbital MRI and ultrasound examinations she had done in other hospitals. These contents have already indicated orbital space occupying. At the same time, doctors in other hospitals have given her some anti-inflammatory and decongestant drugs, but her symptoms have not improved. In combination with these conditions, we consider the discomfort of the patient caused by orbital space occupying lesions.

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