Correspondence

Treatment Duration and Side Effect Profile of Long-term Use of Intravitreal Preservative-free Triamcinolone Acetonide in Uveitis

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EDITOR:

GANAPATHY AND ASSOCIATES' RECENT PUBLICATION ON the dose-response of long-term use of intravitreal preservative-free triamcinolone acetonide (Triesence) in uveitis was of interest to me. My issue is *not* the limitations of this retrospective, nonrandomized study, which the authors present in their discussion.[1] Rather, my issue is the use of the phrase "side effects," which in this paper refers primarily to the development of either glaucoma or cataracts, well known to be associated with the use of corticosteroids. While both physicians and patients use the phrase "side effects" in our daily conversations, the appropriate term is "adverse event," as noted in the International Conference on Harmonisation E2A and E6 guidances.[2,3]

The E2A guidance states "…The term 'side effect' has been used in various ways in the past, usually to describe negative (unfavorable) effects, but also positive (favorable) effects." The guidance further recommends that this term no longer be used. The recommended use is "adverse event," which is "any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product and which does not necessarily have to have a causal relationship with this treatment." A subset of adverse events is "adverse drug reactions," which are "a response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for modification of physiological function."

In the case of chronic corticosteroids, the adverse events of cataracts and glaucoma are clearly undesirable. However, in the case of prostaglandin analogs used therapeutically to treat elevated intraocular pressure, eyelash growth may be either desirable or undesirable. And in the case of prostaglandin analogs used therapeutically to increase eyelash growth, lowered intraocular pressure may also be desirable or undesirable. So the "side effect" is in the eye of the beholder. When first reported, the nature of the relationship of eyelash growth to prostaglandin use was unknown, although it later became clear to be the same pharmacology as the ocular hypotensive effect.

I propose that the *Journal* should make an effort to use the more correct term, "adverse events," rather than "side effects" in the future.

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Concerns Regarding Nd:YAG Laser Posterior Capsulotomy in Children

EDITOR:

WE READ WITH GREAT INTEREST THE ARTICLE TITLED "Long-term outcome of Nd:YAG laser posterior capsulotomy in children: Procedural strategies and visual outcome" by Choi and associates.[1] This is an interesting study in which Choi and associates report the benefits of performing neodymium:yttrium-aluminum-garnet (Nd:YAG) laser posterior capsulotomy selectively in a pediatric population without serious complications.[1] Laser helps restore and maintain the visual acuity for a long period of time.

However, there are a few concerns that we would like to highlight. The mean number of laser shots (single burst) was 60.4 ± 21.0, which is far greater than that may be required for making an adequate size cruciate opening in a mesopic pupil. Was it because the authors gradually increased the power or because the posterior capsular opacification was dense? There is no mention of the step increase in power each time, and the large number of shots required is unexplainable. The total amount of laser energy

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