Reply From Editor:

I wish to thank Dr Nissman for his letter putting this interesting case of acute angle glaucoma following general anesthesia into perspective. As anesthesiologists, we are all well aware of the risk of corneal abrasion and realize that care must be taken to protect the eyes during general anesthesia, particularly for cases of oral and facial surgery, which are so close to these critical structures. As editors, we felt compelled to publish this case to make the broader dental anesthesia community aware of this rare complication.

Of course, corneal abrasion occurs immediately after anesthesia or early in recovery when the patient can rub their eyes injudiciously, and the diagnosis is therefore much more straightforward with immediate severe eye pain. In this case, the patient began to complain of pain 9 hours after surgery. Fortunately, the ophthalmologist

recognized the high intraocular pressures in the 80s in both eyes and did not ascribe the ocular pain to some type of postoperative direct or referred pain from the maxilla.

Certainly, the contention that it may be hard to find an ophthalmologist in the United States urgently is a valid point. It may be that the Japanese system of health care made this evaluation less challenging. The diagnostic test for corneal abrasion consisting of placing 1 to 2 drops of plain 1% or 2% lidocaine drops into the eye and assessing for pain relief is a good reminder when the anesthesiologist is faced with postoperative eye pain that is likely due to corneal abrasion.

Again, we thank Dr Nissman for his thoughtful reply.

Steven Ganzberg, DMD, MS, Editor