Response to Sharma et al

We thank Sharma et al for their comments regarding our paper.

Ocular trauma score (OTS) is an important systematics in the prediction of final visual acuity (VA) after trauma. However, it is a heterogenous classification. In OTS, all classification systematics are based on initial VA. Moreover, scoring and classification are the same in all age groups. Another challenge is the accurate determination of initial VA, which is the cornerstone of OTS classification. Since in the open-glob injuries the evaluation of relative afferent pupillary defect is mostly impossible, the comparison of OTS and POTS is irrational. The main aim of the development of pediatric OTS
(POTS) was to determine a new scoring system without using initial VA. The age of the patient is important as the proliferative changes are more intense in the pediatric group and an amblyopia risk exists. Additionally, the dynamics of wound healing are different from those of adults. Taking into account the amblyogenic effect of the trauma-related damage and the visual immaturity of the pediatric eye, we propose modification in the much appreciated and widely used OTS by adding the age of the child in the scoring system.

As zone 3 injuries have worse prognosis and coexistent pathologies have a statistically significant effect on the determination of prognosis in the other reported studies, localization of the wound and coexistent pathologies were included in the classification proposed by our team. ‘The initial VA acuity is a good predictor of the final VA acuity’

This is unquestionable. Hence, by relying on the initial VA acuity, instead of dismissing it from the scoring system, we preferred to downscale the amount of points scored for initial VA. We halved the effect of initial
VA on prognosis by means of using additional factors such as the age and the zone of injury. We developed POTS in order to obtain information on prognosis immediately after the trauma in patients whose initial VA could not be obtained. The replacement of the OTS by POTS is a too ambitious expectation at present.

Multicentered, prospective studies with larger patient groups are required to obtain the objective evidence to replace the OTS by another scoring system.
We think that there is an exact need for a new ocular trauma score for preverbal pediatric patients, whether ours or of another study. Our study is an attempt to fill in the missing aspect of the scoring system; we appreciate any suggestion to improve it.

Conflict of interest
The authors declare no conflict of interest.

References
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