

Ocular Problem in Chikungunya Fever: Comment on the Article by Ulloa-Padilla et al

To the Editor:

We read the publication on “Ocular Symptoms and Signs of Chikungunya Fever (CF) in Puerto Rico” with a great interest (1). Ulloa-Padilla et al. reported several ocular problem in the patients with CF. In fact, CF is an important mosquito borne infection that can be seen in several countries around the world. The ocular problem in CF is uncommon but can be seen and there is a wide clinical spectrum of ocular problem in the patients with CF (2 – 3). An important determinant for severity of ocular problem is the underlying illness of the patients (2 – 3). In the present report by Ulloa-Padilla et al. (1), there are some concerns to be mentioned. First, it is questionable whether the patients with CF in this series have any concomitant disorders that might alter the pattern of ocular problems or not. Second, since the concurrent arbovirus infection is not uncommon. For example, the concurrent infection between dengue and CF is common in several tropical countries. Where there is an concurrent infection that might lead to the severe ocular presentation is still the issue for further exploration.

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References

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Reply

To the Editor:

We are writing in response to a letter to the editor regarding “Ocular Symptoms and Signs of Chikungunya Fever (CF) in Puerto Rico” (1). We thank the reviewer for taking interest in our paper. We reported the clinical spectrum of the ocular manifestations of patients with CF in Puerto Rico (1). The reviewer states that while there is a wide range of ocular presentations, a systemic underlying disease might modify said manifestations. This is important focus of our paper, and we address it with statistical analysis in which showed that ocular manifestations were more common with some systemic diseases (1). We agree that the exact pathophysiology is the subject for further investigation as well as which systemic diseases modify said presentation to a larger degree. The reviewer also notes the fact that in tropical countries such as Puerto Rico, concurrent arbovirus infection is not uncommon and gives the example of possible concurrent infection between dengue and CF. This is a fair point and remains a possibility as the patients were not tested for dengue. However, Sharp et al. (2) reports the incidence of CF at the time of our study was at an all-time high, and that of the dengue

infection was low. This could lead to a reasonable conclusion that the patient's that tested positive for CF in a time in which a CF epidemic was occurring, the most likely main etiology for said systemic and ocular manifestations was CF, and no other mosquito-borne illnesses. Other vector transmitted viral illnesses such as Zika fever, Mayaro and yellow fever were not reported to be present at the time of the study in the island. We hope to have answered the reviewers points and are grateful for the opportunity to do so.

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References

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