TO THE EDITOR: The case of XEN Gel Stent–related (Allergan, Dublin, Ireland) endophthalmitis presented by Lim and Lim highlights important management issues in patients with failed XEN surgery and flat conjunctiva overlying the implant. Although blebitis and endophthalmitis have been reported in patients with functioning XEN implants, the current case suggests a risk for infection even after failed surgery. It is not currently possible to quantify the population risk of erosion or endophthalmitis in patients with failed XEN surgery and further robust postmarketing surveillance of these rare but potentially devastating complications is warranted. A retrospective analysis of 185 standalone XEN implantations with a median follow-up of 15 months did, however, report only 1 case of implant erosion and no cases of endophthalmitis. Despite its rare occurrence, the possibility of erosion and infection must be considered in patients with failed XEN surgery. Lim and Lim recommend regular review of patients with failed XEN surgery. However, given the rapid speed of onset of endophthalmitis, regular review of patients with a failed XEN may not be sufficient to prevent this sight-threatening complication. In the case of a failed XEN with flat overlying conjunctiva, where revision surgery is not planned, surgical removal of the implant ought to be a consideration.

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