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management of endophthalmitis is based on treatment of the inciting event, and initial surgical intervention is mandatory in the presence of clinical signs and symptoms. intravitreal antibiotics are used in the treatment of endophthalmitis. intravitreal antibiotic injections are also used prophylactically to reduce the risk of endophthalmitis following cataract surgery. the optimal regimen, route of administration and duration of antibiotic therapy have yet to be defined. oral and intravenous antibiotics have been used in the management of endophthalmitis. ocular inflammation and infection may cause breakdown of the blood-ocular barrier. this can lead to leakage of serum proteins into the eye and, consequently, accumulation of inflammatory cells in the intraocular space. endophthalmitis and other intraocular infections are frequently characterized by infiltration of inflammatory cells, including polymorphonuclear leukocytes, which are the cellular effectors of the systemic inflammatory response [148]. the inflammation also stimulates the release of cytokines, including tumor necrosis factor and interleukins, which can lead to a systemic inflammatory response [148]. both of these factors may lead to cataract formation. treatment of endophthalmitis and other intraocular infections with corticosteroids may therefore benefit both the eye and the patient by suppressing the inflammatory response and reducing cataract formation. the development of endophthalmitis has been associated with numerous risk factors, including systemic medical conditions, surgeries, and trauma [7]. patient-related factors that have been associated with an increased risk of endophthalmitis include male gender and advanced age [7]. the development of endophthalmitis is also associated with procedures that are typically performed on the eye, including cataract surgery, intraocular lens implantation, glaucoma surgery, and vitrectomy [7, 146]. in a study by capetillo et al., risk factors for postoperative endophthalmitis included older patient age, shorter duration of surgery, use of preoperative topical steroids, use of intraoperative antibiotics, and absence of postoperative topical antibiotics [149]. as such, the authors recommended that surgeons consider the risk of postoperative endophthalmitis and preoperatively incorporate strategies to mitigate the risk of infection.

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a recently-published prospective, randomized, controlled, multicenter, single-blinded clinical trial demonstrates that patients with oral mucositis secondary to anticancer therapy have reduced quality of life and greater pain when treated with conventional therapy compared with the use of oral rinse. 410 the classification of the randomized controlled trials (rcts) is illustrated in additional file 5. of these 47 studies, only two compared the effects of the interventions being compared in the rct. one study compared the effects of cognitive behavioral therapy plus niv (n =21) versus niv alone (n =18) on the time to weaning of niv for acute hypoxemic respiratory failure in a subgroup of participants with chronic obstructive pulmonary disease (copd) and acute hypoxemic respiratory failure (n =15). 406 the other study compared the effects of niv plus noninvasive ventilation (niv) plus steroid and niv plus niv plus steroid on the time to weaning of niv for acute hypoxemic respiratory failure in a subgroup of participants with acute hypoxemic respiratory failure (n =20). 407 in summary, this review found evidence that topical corticosteroids provide modest benefit in reducing skin irritation following cleft palate surgery, whilst a single rct compared wobe-mugos e compared to a sham dressing, and showed wobe-mugos e to be non-inferior to the sham in reducing risr. larger, more well-powered rcts are required to understand the role of topical steroids in reducing risr. further research is also required to understand which groups of patients may benefit from topical corticosteroid treatment. in particular, efforts should focus on products which show promise such as wobe-mugos e and oral zinc for reducing the risr severity. 5ec8ef588b

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