

Address correspondence and reprint requests to Malin Malmjö, M.D., Ph.D., Department of Ophthalmology, Ögonklinik A, Admin, 2nd floor, Kioskgatan 1, Skåne University Hospital, SE-221, 85 Lund, Sweden. (malin.malmsjo@med.lu.se)

This study was supported by the Swedish Government Grant for Clinical Research (ALF), Skåne University Hospital (SUS) Research Grants, Skåne County Council Research Grants, the Lund University Grant for Research Infrastructure, Crown Princess Margaret's Foundation (KMA), the Foundation for the Visually Impaired in the County of Malmöhus, The Nordmark Foundation for Eye Diseases at Skåne University Hospital, a Lund Laser Center Research Grant, Carmen and Bertil Regner's Foundation, and the Swedish Eye Foundation.

The authors have no conflicts of interest to declare.

### REFERENCES

- Callahan A. *Reconstructive Surgery of the Eyelids and Ocular Adnexa*. Birmingham: Aesculapius; 1966:293.
- Smith B, Cherubini T. *Oculoplastic Surgery*. St. Louis, C.V: Mosby Co.; 1970:30–32.
- Tenland K, Berggren J, Engelsberg K, et al. Successful free bilamellar eyelid grafts for the repair of upper and lower eyelid defects in patients and laser speckle contrast imaging of revascularization. *Ophthalmic Plast Reconstr Surg* 2021;37:168–72.
- Werner MS, Olson JJ, Putterman AM. Composite grafting for eyelid reconstruction. *Am J Ophthalmol* 1993;116:11–6.

## Re: “Orbital Cellulitis in Chagas Disease: An Unusual Presentation”

### To the Editor:

We have read with attention the article entitled “Orbital Cellulitis in Chagas Disease: An Unusual Presentation” and we would like to make some comments.

Painless periorbital edema, known as Romaña's sign, is pathognomonic of acute Chagas disease.<sup>1</sup> This sign has been addressed in few articles in the literature and was recently addressed by Hernandez-Bogantes et al.<sup>2</sup> We believe that the publication would deserve a better review of the literature an appropriate discussion regarding Chagas disease. Our main comment is about the complaint of pain. Romaña's sign is characterized by the absence of pain, which suggests another cause that justifies this complaint. Moreover, there is no evidence of the presence of the *Trypanosoma cruzi* to confirm the diagnostic of acute Chagas disease. The authors mistakenly used IgG serologic tests to make the diagnosis. Direct investigation of the parasite in blood smears or IgM serology was not performed.<sup>3</sup> According to current guidelines for Chagas disease, the main test for diagnosing Chagas heart disease is the electrocardiogram.<sup>3</sup> A normal echocardiogram does not rule out the possibility that the patient has heart disease. In the chronic phase, the diagnosis is essentially serological.<sup>3</sup> Due to the low sensitivity of polymerase chain reaction, this test is not indicated for diagnostic clarification in the chronic phase of the disease.<sup>4</sup> Unlike malaria, it has not been proven that the use of repellents prevents Chagas disease and, as far as we are aware, it has never been indicated as an individual protective measure.

**Alejandro Marcel Hasslocher Moreno, Ph.D.\*, and  
Andre Luiz Land Curi, Ph.D.†**

\*Clinical Research Laboratory of Chagas Disease; and  
†Research Laboratory of Infectious Diseases in Ophthalmology,

Evandro Chagas Institute of Infectious Diseases, Oswaldo Cruz Foundation, Rio de Janeiro, RJ, Brazil

Address correspondence and reprint requests to Alejandro Marcel Hasslocher Moreno, Ph.D., Avenida Brasil 4365, Rio de Janeiro, Brasil CEP 21040-900. E-mail: alejandro.hasslocher@gmail.com

The authors have no financial or conflicts of interest to disclose.

### REFERENCES

- Romaña C. Acerca de un sintoma inicial de valor para el diagnóstico de forma aguda de la enfermedad de Chagas. *Universidad de Buenos Aires Misión de Estudios de Patología Regional Argentina*. 1935;22:16–28.
- Hernandez-Bogantes E, Campos-Fuentes E, Barrantes-Dominguez M, et al. Orbital cellulitis in chagas disease: an unusual presentation. *Ophthalmic Plast Reconstr Surg* 2021;37:e57–e59.
- Dias JCP, Ramos AN Jr, Gontijo ED, et al. 2nd Brazilian consensus on chagas disease, 2015. *Rev Soc Bras Med Trop*. 2016;49(suppl 1):3–60.
- Britto C, Cardoso MA, Vanni CM, et al. Polymerase chain reaction detection of *Trypanosoma cruzi* in human blood samples as a tool for diagnosis and treatment evaluation. *Parasitology* 1995;110(Pt 3):241–247.

## Reply re: “Orbital Cellulitis in Chagas Disease: An Unusual Presentation”

### To the Editor:

We appreciate Dr. Hasslocher-Moreno interest in our case report. As mentioned in the title, this is an unusual presentation of orbital cellulitis in a patient with Chagas disease.

In response to Dr Hasslocher-Moreno comments, Romaña sign is a unilateral palpebral edema that occurs when the conjunctiva is the portal of entry. Although Romaña sign is characterized by the absence of pain, in our experience patients could subjectively manifest discomfort because of the level of edema as seen in the clinical figure.

It is correct that the diagnosis of acute disease is made by direct microscopic visualization of trypomastigotes in blood not performed in our case report. We respectfully disagree that serological testing through detection of IgG antibodies against *Trypanosoma cruzi* were mistakenly used.<sup>1</sup>

We support the authors assertion that, according to the latest Brazilian consensus, the main test for diagnosing Chagas heart disease is an electrocardiogram. Although not mentioned in our case report, a resting electrocardiogram was performed. Despite the fact that no abnormalities were detected, a cardiac ultrasonography was also carried out. We concur that these examinations do not rule out heart disease, this is why, as mentioned, the patient continues the recommended follow-up.<sup>2</sup>

The Centers of Disease Control and Prevention currently recommends the use of EPA-registered insect repellents with one of the following active ingredients: NN-diethyl-3-methylbenzamide, picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone.

It is known that triatomines are mostly refractory to the commonly used repellents containing NN-diethyl-3-methylbenzamide. However, promising research in finding effective alternatives such as essential oils or other synthetic repellents are ongoing.<sup>3</sup>

**Erick Hernandez-Bogantes, M.D.\*,†, and  
Lihteh Wu, M.D.†,‡**