

Response to comments on: Long-term results of a single injection of intravitreal dexamethasone as initial therapy in diabetic macular edema

Dear Editor,

Thank you for your interest in our article entitled "Long-term results of a single injection of intravitreal dexamethasone as initial therapy in diabetic macular edema".^[1,2] We have mentioned that it is non comparative study and first of its kind to analyze the outcome of Intravitreal dexamethasone in treatment naïve patients of Diabetic Macular Edema, but never mentioned that there is no previous data on use of dexamethasone implant,^[3,4] rather we have compared results of our study with the previous similar studies.^[5-9]

Clarifications to other points raised by the responder are as follows

1. The primary outcome measures are very clear. The Central Macular Thickness (CMT) and VA in terms of lines of improvement have been vividly analyzed in the paper with appropriate statistical tools at different time intervals. Evaluation of CMT and VA (Lines of Improvement) are no doubt robust way to look at the results as they supplement and validate each other, hence they are the primary outcomes. Data analysis was done using IBM SPSS Statistics 24.00, SPSS South Asia Pvt. Ltd, www.spss.co.in
2. This is an extensive and intensive analysis taking various parameters CMT, VA in terms of lines of improvement has been analyzed in terms of mean (SD) over different follow-ups. Depending on the HbA1c, the blood sugar control was divided into good control (<7%), fair control (7.1–8.9%), and poor control (≥9%) and categorization of VA is divided into mild, moderate and severe impairment. This type of classification adds more significance as it furnishes the real clinical status which is rather lost in mean and SD. No doubt categorization along with mean ± SD is more comprehensive analysis. Admittedly the sample size is relatively small, because of availability of the cases in the study period. Nevertheless a sample size of 30 or more is considered fair for statistical analysis. There is always scope for studying with more sample size.

3. We have used Topcon SS OCT Triton Plus, Tokyo Japan for evaluating DME.
In fact the term 'association' should have been used instead of Correlation. This is an inadvertent typographical mistake.
4. In methods visual loss or impairment is categorized into Mild, Moderate and Severe and in results we have mentioned about 02 people having good vision (who had better vision than mild visual impairment), hence there is no disparity in comparing the vision. In all places 'P' values have been mentioned whenever it is significant including CMT i.e., Significant improvement was found in OCT done at 3 months ($P = 0.000$) and further improvement was seen in OCT at 6 months ($P = 0.142$).
5. It has been mentioned in the methods section that comprehensive ophthalmic examination was done and lens status in each patient was noted in the master chart. Based on this data the last paragraph in the result section mentions that 18 phakic patients were followed up showing neither development nor progression of cataract.

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Conflicts of interest

There are no conflicts of interest.

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