

Response to comments on: Midterm outcome of mitomycin C augmented trabeculectomy in open angle glaucoma versus angle-closure glaucoma

Dear Sir,

We thank Pathak-Ray^[1] for her comments on our article "Midterm outcome of mitomycin C augmented trabeculectomy in open angle glaucoma versus angle closure glaucoma".^[2] This study was designed to evaluate the midterm outcome of trabeculectomy retrospectively in a series of consecutive cases of open angle glaucoma (OAG) and angle closure glaucoma (ACG) that had undergone trabeculectomy with mitomycin C. Primary trabeculectomies were performed with mitomycin C during the period of the study. Retrospective analysis of 108 out of 137 eyes was included in this study. However, 14 patients had less than 1 year of follow-up and the remaining 15 patients were excluded because of insufficient hospital records.

In our cohort, the first primary surgical treatment offered to the patients was trabeculectomy with mitomycin C. In the surgical technique, the scleral flap was repositioned in place

using three 10-0 nylon sutures; one releasable suture was put for the apical suture out of three sutures and the remaining two were interrupted sutures. Argon laser suture lysis was done later for the remaining two sutures accordingly.^[3] The cutoff levels for the range of intraocular pressure (IOP) were taken as ≤ 21 mmHg as the upper limit on the basis of major clinical trials and ≥ 6 mmHg as the lower limit.^[4,5] Two cases of angle closure glaucoma developed hypotony in our study. Hypotony was defined as IOP ≤ 6 mmHg and it took 3 months for those cases to settle down.^[6,7]

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Nil.

Conflicts of interest

There are no conflicts of interest.

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