

Comments on: Intraoperative injection versus sponge-applied mitomycin C during trabeculectomy: One-year study

Dear Editor,

We have read with great interest the article titled "Intraoperative injection versus sponge-applied mitomycin C during trabeculectomy: One-year study" by Maheshwari D *et al.*^[1] published in the March 2020 issue of Indian Journal of Ophthalmology. We appreciate the authors for conducting this study to evaluate the safety and efficacy of Intraoperative injection of MMC against conventional spongeapplied MMC during trabeculectomy. The authors concluded that injection of MMC may be as safe and effective as conventional sponge application of MMC with comparable estimated complete treatment success with relatively lower complication rates.

We would appreciate clarification on the following points:

1. As was mentioned, the study included primary and

secondary glaucoma cases undergoing trabeculectomy with MMC for IOP control. However, uveitic, neovascular, and traumatic glaucoma were excluded. We are interested to know the specific secondary glaucomas that were included in the study and the rationale for excluding the above-mentioned types of secondary glaucoma

2. In the study, postoperative data prior to two weeks is not available and, thereby, we feel that we miss the opportunity to compare the difference in the rate of early postoperative complications between the two groups of patients
3. As concluded in other similar studies, the major advantage of injectable MMC over sponge-applied MMC was the more favorable bleb morphology (more diffused, less vascularized, shallower bleb).^[2,3] We are interested in knowing the specifics of bleb morphology in both groups found in this study.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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