Comment on: A novel indigenous technique for corneal tattooing using self-prepared do-it-yourself carbon soot pigment

Dear Editor,

We read the interesting article by Ravindra *et al.*,^[1] and we must congratulate the authors for bringing out this novel do-it-yourself corneal tattooing technique. However, we have a few critical observations and suggestions to make, which we believe will be beneficial for all ophthalmologists.

First, it will be interesting to know whether it was a prospective analysis or a retrospective one. Moreover, the authors have mentioned that "only eyes with nil or low visual potential were considered for total corneal tattooing." It will be interesting to know what visual potential cut-off was taken by the authors as we believe that will be beneficial while planning a similar large-scale analysis in the future. Can the authors throw some light on this?

Second, the authors have mentioned that "Prephthisical eyes with acceptable intraocular pressure were included." It will be interesting to know what low IOP cut-off was taken by the authors as a detailed literature review reveals no precise IOP cut-off level for the prephthisical eye. [2]

Third, the authors have mentioned that skin and adnexa were painted with 5% povidone-iodine, and cul-de-sac was washed with 0.5% diluted iodine. We use a slightly different protocol at our center, with 10% for skin and adnexa and 5% for the cul-de-sac.^[3] Another minor point of notice is that the authors have mentioned bandage contact lens was applied in a few cases. Do the authors mean for only surface cases? At our center, BCL is applied in all cases as tattooing causes irritation when the cornea rubs the ocular surface. Moreover, the authors removed the BCL after 4–10 days postoperatively. We usually keep the BCL for 7–14 days till the inflammation subsides. ^[4] One more point that needs insight is the follow-up. The authors included a few patients with a follow-up of more than 6 years; however, their study period is from 2015 to 2019. Can the authors throw some light on this?

Lastly, the authors did not notice any recurrence as none of their patients required a repeat procedure. Thus, this technique can probably be taken as the gold standard method as other conventional tattooing techniques usually require a repeat tattooing after 5–6 months.

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Conflicts of interest

There are no conflicts of interest

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