

Comparison of intracameral dexamethasone and intracameral triamcinolone acetonide injection at the end of phacoemulsification surgery

Dear Sir,

We read with great interest about the study by Gungor *et al.*, comparing the intracameral dexamethasone (DEX) and intracameral triamcinolone acetonide (TA) injection in cataract surgery with phacoemulsification.^[1] It appears that both drugs have similar effects on postoperative inflammation following phacoemulsification surgery. However, we have some comments on the study design.

Intracameral TA and DEX have the advantage of decreasing inflammation after phacoemulsification surgery. They have been used widely in pediatric cataract surgery and complicated cataract surgery in adults, in which enhanced inflammatory response is highly expected.^[2,3] Moreover, TA can be used as a vitreous dye to ensure a thorough anterior vitrectomy in pediatric cases and in adult cases of posterior capsule rupture during phacoemulsification.^[2,3] Previous studies reported the use of intracameral TA and DEX at the end of the uncomplicated phacoemulsification surgeries in adults to decrease postoperative inflammation.^[4,5]

In the recent study, one group was given intracameral TA and DEX to the other group. There was not a control group that didn't receive intracameral steroids. To evaluate the effects of intracameral TA and intracameral DEX properly, a control group without intracameral injection who had prescribed only steroid drops immediately after surgery should have been considered in study design. Recent developments in cataract surgical techniques and instruments made inflammation control in uncomplicated cases easily manageable with only topical steroid drops. Therefore, intracameral injection of steroids in regular cases seems questionable when the side effect of intraocular pressure increase is considered in the long-term.

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References

1. Gungor SG, Bulam B, Akman A, Colak M. Comparison of intracameral dexamethasone and intracameral triamcinolone acetonide injection at the end of phacoemulsification surgery. *Indian J Ophthalmol* 2014;62:861-4.
2. Mataftsi A, Dabbagh A, Moore W, Nischal KK. Evaluation of whether intracameral dexamethasone predisposes to

glaucoma after pediatric cataract surgery. *J Cataract Refract Surg* 2012;38:1719-23.

3. Yamakiri K, Uchino E, Kimura K, Sakamoto T. Intracameral triamcinolone helps to visualize and remove the vitreous body in anterior chamber in cataract surgery. *Am J Ophthalmol* 2004;138:650-2.
4. Karalezli A, Borazan M, Akova YA. Intracameral triamcinolone acetonide to control postoperative inflammation following cataract surgery with phacoemulsification. *Acta Ophthalmol* 2008;86:183-7.
5. Chang DT, Herceg MC, Bilonick RA, Camejo L, Schuman JS, Noecker RJ. Intracameral dexamethasone reduces inflammation on the first postoperative day after cataract surgery in eyes with and without glaucoma. *Clin Ophthalmol* 2009;3:345-55.

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