## Inferior trabeculotomy and trabeculectomy for refractory pediatric glaucomas

## Dear Editor,

We read the article by Mandal *et al.*, with interest.<sup>[1]</sup> We have successfully practiced Mandal's technique of trabeculotomy and trabeculectomy (T and T) since 5 years. However, the problem comes when there is a failure.

Mandal has chosen mitomycin-C (MMC)-augmented trabeculectomy over Ahmed glaucoma valve. In our experience, even when MMC is used for a short duration at a low concentration, blanching of the conjunctiva and the resultant avascular bleb is common in children [Fig. 1]. Use of a "ring



**Figure 1:** Diffuse illumination digital photograph of the left eye showing an avascular, thin-walled, cystic bleb after mitomycin C-augmented trabeculotomy and trabeculectomy in a child with infantile glaucoma



**Figure 2:** Serial photographs showing (a) a child with infantile glaucoma following a failed trabeculotomy and trabeculectomy (T and T), (b) position of the surgeon for an inferior T and T, (c) scarred superior conjunctiva, (d) dissection of scleral flap and explored Schlemm's canal inferiorly, (e) inferior trabeculotomy in progress, (f) inferior peripheral iridectomy, (g) diffuse inferior bleb postoperatively, (h) microscopic view of the well-formed anterior chamber with a wide base inferior peripheral iridectomy and air bubble in the anterior chamber and (i) 1-month postoperative appearance of the eye

of steel technique  $^{\prime\prime [2]}$  or an inferior T and T [Fig. 2] could be useful alternatives.

There are several studies where MMC or 5-fluorouracil were used with inferior trabeculectomy in adults resulting in a high incidence of bleb-related infections.<sup>[3,4]</sup> Vesti *et al.*<sup>[5]</sup> have reported inferior trabeculectomy without antifibrotics to be a safe and effective procedure in adults. However, the follow-up was short (<12 months). We want to know from Mandal, between the MMC-augmented trabeculectomy at superior limbus and an inferior T and T procedure without antifibrotics, which would be a lesser evil and which one has a higher efficacy?

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## References

- 1. Mandal AK, Chakrabarti D. Update on congenital glaucoma. Indian J Ophthalmol 2011;59:S148-57.
- 2. Khaw PT. Advances in glaucoma surgery: Evolution of antimetabolite adjunctive therapy. J Glaucoma 2001;10:S81-4.
- Caronia RM, Liebmann JM, Friedman R, Cohen H, Ritch R. Trabeculectomy at the inferior limbus. Arch Ophthalmol 1996;114:387-91.
- Metge P, Convert P, Chemila JF, Becar P. The value of inferior trabeculectomy in combined cataract-glaucoma surgery. Ophtalmologie 1990;4:147-50.
- 5. Vesti E, Raitta C. Trabeculectomy at the inferior limbus. Acta Ophthalmol 1992;70:220-4..

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