

Response to comments on: Smartphone-based fundus documentation in retinopathy of prematurity

Thank you for your interest^[1] in the article "Smartphone guided wide-field imaging for retinopathy of prematurity in neonatal intensive care unit – A smart ROP (SROP) initiative."^[2] The one-handed technique described by Sharma *et al.* was interesting, but he holds camera himself, but need additional assistance to fix the infant eyeball, which sometimes can cause undue pressure on the globe from in-experienced hands.^[3] As per our article, only one person can stabilize smartphone-based camera in one hand and use the other hand to stabilize the infant eye, thus no need of any other assistance at all. We support the initial observations done with DIYretCAM which was really a cost-effective smartphone imaging technique, but has limitation of using only +20D condensing lens, which actually gives a very limited field of view when compared with +28/+40D condensing lenses, specifically if retinopathy of prematurity (ROP) imaging has to be considered. Use of +28/+40D condensing lens for ROP imaging is not only inexpensive, easy, and noncontact-based wide-field-of-view technique but also a portable way to assist in tele-screening for ROP retinal imaging, especially in remote and rural areas of India where smartphone-based wide-field ROP imaging technology will be more feasible. Use of MII Ret Cam or CSD device assembly allows single-handed imaging with the help of +28/+40D condensing lenses for ROP, without any additional staff to fix eyeball of an infant, and thus avoiding undue pressure on preterm eyeball.

Regarding point number 1, HopeScope is very good app available online to capture smartphone-based retina images, but I personally feel if we use in-built camera settings of smartphone itself, then the picture quality will be better when compared with any online app-recorded images. The technique explained through Video 1 can help learn the way of effective ROP imaging.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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