

## Visual recovery after managing traumatic cataracts

Dear Editor,

We read with interest the article on, 'Visual recovery and predictors of visual prognosis after managing traumatic cataracts in 555 patients' by Shah *et al.*<sup>[1]</sup> There are few points on which we would like some clarifications, based on the data provided in the manuscript.

### Recruitment of subjects

Authors have described high frequency of penetrating injuries in their study. However, the exclusion of patients with closed injuries associated with retinal detachment and secondary glaucoma implies an obvious bias and explains the high frequency of penetrating injuries seen in the cohort.

### Classification of cataract

While classifying traumatic cataracts, it is not clear how cataracts with anterior capsular tear and localized cortical opacification in the visual axis but without loose cortical matter in anterior chamber were classified and whether such eyes were included in the study cohort.

### Cataract surgery

The manuscript states that in all cases of corneal wound repair, traumatic cataract was managed as a second procedure. We would like to know how eyes with anterior capsular rupture with flocculent lens matter in anterior chamber managed. It would be pertinent for the authors to describe their technique of surgical management of cataract and anterior vitrectomy. Also it is not clearly understood whether capsulectomy and vitrectomy were performed in all adults only to overcome the significant vitreous haze. The manuscript makes no mention of zonular dialysis and subluxated cataract, which is a common associated pathology in cases of ocular trauma.<sup>[2]</sup>

### Follow-up

A six weeks follow-up is inadequate to comment on the long-term complications of ocular trauma or to assess advent of amblyopia in children under seven years.

### Injuries to other ocular structures

It is not clearly understood what the authors imply as 'Missing' in Table 4.<sup>[1]</sup> Also it is difficult to believe that none of the 555 patients developed any traumatic optic neuropathy. On the contrary, the presence of an afferent pupillary defect has been

described as an indicator of poor visual outcome in cases with traumatic cataract.<sup>[3]</sup>

### Reason for failure in improvement in vision

No reason for failure of improvement in visual acuity was noted in 202 (36.4%) patients, which is more than one-third of the study cohort. How do the authors explain this unusual observation in their study? Also what were included in the other causes noted in seven patients in the study?

### Conclusion

Without taking into consideration the posterior segment complications, concluding that open globe injury has a favorable prognosis for satisfactory visual recovery after the management of traumatic cataract is too simplistic and sends out an incorrect message to the readers.

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