## Response to comments on: Recurrent unintentional filtering blebs after vitrectomy: A case report

Dear Editor,

We would like to thank the authors for their comments on our article 'recurrent unintentional filtering blebs after vitrectomy'.[1,2]

With regard to the comment on the role of gonioscopy, in our case, the opening was 3.5 mm posterior to the limbus and was communicating the vitreous cavity and the bleb. It was a clean-cut wound such as one would see in a sclerotomy. Definite areas of scleral thinning were not seen close to the limbus. So it is less likely that there would be a fistulous track from the angle. Gonioscopy was not done as the communication was at the site of the sclerotomy and not close to the anterior chamber.

We agree that it is better to avoid sclerotomies in such cases. Our case was unique, as the site of sclerotomies performed for vitrectomy for retinal detachment repair appears to be reopened. We recommend to implant iris-claw intraocular lens (IOL), rather than scleral fixation of IOL.

We agree that unnecessary surgical intervention should be avoided, but the filtering blebs in our case led to hypotony in the first two instances, which compelled us to intervene. The recent bleb is in the superonasal quadrant and the intraocular pressure is maintained. So we decided to observe. Surgical intervention would be warranted in certain scenarios like hypotony.

Patch graft was considered as the area of the leak was thin and the rest of the sclera appeared to be normal. However, it would have been better to consider scleral graft from a donor eye rather than an autologous graft.

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**Conflicts of interest** 

There are no conflicts of interest.

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