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## Response to comments on: Comparison of longterm outcomes of trabeculectomy and risk factors for failure in eyes post penetrating keratoplasty or Descemet's stripping endothelial keratoplasty

Dear Editor,

We appreciate the constructive comments from our colleagues with regard to our article "Comparison of longterm outcomes of trabeculectomy and risk factors for failure in eyes post penetrating keratoplasty or Descemet's stripping endothelial keratoplasty"<sup>[1]</sup> and have responded to their queries. The commentators discuss that it would have been preferable to mention the type of penetrating keratoplasty (PK) (optical versus therapeutic) as it bears significance on graft survival rates. We agree with the comment; all the surgeries included in the PK group in our study were optical keratoplasties. With regards to the comment on presenting the endothelial cell count

data at every postoperative visit, it would be ideal to present endothelial cell data at every follow-up visit. However, as we had already pointed out, this was a limitation of the study because of its retrospective nature. The data that we presented was based on available postoperative data.

In the risk factor analysis for graft failure and failure of trabeculectomy, we evaluated the effect of preoperative risk factors on survival of trabeculectomy and corneal graft.<sup>[2]</sup> While postoperative intraocular pressure (IOP) is an important variable that can affect the graft clarity and success, we did not consider postoperative factors (including IOP) for the analysis in the current paper. We shall look at them in our future work. It is true that outcomes of trabeculectomy with and without antimetabolites in these complex eyes could vary. An adequate sample size with baseline clinical features matched is crucial for this assessment. While our current data does not support evaluating this factor, work on larger data is ongoing and we would be happy to present it at a later time.

Our colleagues have pointed out the mismatch of numbers in Table 3. We agree that number should be 17 and not 18 as is mentioned. This is a mistake and we regret this error. However,

this does not affect the conclusions drawn. The postoperative follow-up was variable and there were several patients lost to follow-up after 3 years. Hence, we presented our data until 3 years of follow-up. If one sees the rightmost part of the graph, the numbers are very few, so the estimates would be inaccurate if we presented long-term data of a few eyes.<sup>[3]</sup> We again would like to acknowledge our colleagues for their interest in our study and for bringing out important points.

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Nil.

#### Conflicts of interest

There are no conflicts of interest.

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