

Comment on: Hypotonous malignant glaucoma following glaucoma drainage device implantation

Dear Editor,

The interesting article by Kumar *et al.*^[1] may require further discussion.

Neovascularization elsewhere (NVE) is not very common in CRVO, and imaging of the same would be interesting.^[2] Moreover, the evidence of neovascular glaucoma (NVG) in the right eye (which did not show anterior segment new vessels) should be elaborated.^[1]

Burgansky-Eliash *et al.*^[3] reported two patients with hypotony (intraocular pressure/IOP: 2 and 6 mm Hg, respectively) and anterior rotation of the ciliary body (ARCB) on ultrasound biomicroscopy (UBM) after trabeculectomy presumably due to "ocular decompression." UBM-features improved in the first patient after topical atropine 1% twice daily; however, IOP remained low (3 mm Hg). In the second patient, UBM-findings improved after cataract surgery and pars-plana anterior vitrectomy. This patient had "elevated and pale" (avascular looking) bleb. Final IOP was not reported in both cases.^[3]

The primary cause of hypotony, shallow anterior chamber (AC), and ARCB might be overfiltration through the bleb or tube (Sherwood-slit), rather than "malignant glaucoma" in both case reports.^[1,3] Because IOP was low, use of glaucoma in "hypotonous malignant glaucoma" (HMG) may be self-contradictory. Existence of such an entity may need research.

Overfiltration immediately after trabeculectomy tends to settle over time, and aqueous misdirection should be a diagnosis of exclusion after all efforts of treating overfiltration have been exhausted and IOP is normal or high. The patient's^[1] IOP improved on pressure patch and medical management, suggesting a component of overfiltration. Absent aqueous

pockets in the vitreous cavity also point against aqueous misdirection.^[1] Other management options (including reducing frequency of steroid, reformation of AC, and ligation of tube) should have been considered before planning anterior vitrectomy.

The results of longer follow-up in this patient and the method of using prolene for ligation of tube should be discussed.

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Conflicts of interest

There are no conflicts of interest.

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