

Comments on: Mid-term outcome of mitomycin C-augmented trabeculectomy in open-angle glaucoma versus angle-closure glaucoma

To the Editor,

I read with interest the paper by Maheshwari *et al.* 'Midterm outcome of mitomycin C augmented trabeculectomy in open

angle glaucoma versus angle closure glaucoma'^[1] and would like to congratulate the authors as well as highlight a few issues.

It is studied that number of patients exceed number of eyes. Authors stated that 108 eyes of 137 patients were included and in Table 1 (demographics) provided by the authors, total number of patients appears to be 108 (males $n = 64$, females $n = 44$), with 41 eyes in open angle glaucoma (OAG) group and 67 eyes in angle closure glaucoma (ACG) group (total eyes $n = 108$). In all, 14 patients were excluded due to poor follow-up, but no explanation for elimination of the rest is offered.

Furthermore, in discussion, authors stated that the principal aim of the study was to determine the success rates for long-term intraocular pressure (IOP) control after 'primary' conventional Trabeculectomy with MMC in OAG versus ACG and the need for further treatment either medical or surgical, implying that the patients were treatment-naïve. However, patients were on pre-operative medications and post-operative change has been analysed and presented.

In their cohort, over 40% of patients required argon laser suturelysis; nonetheless, surgical methodology describes standard usage of releasable suture. Information about release of the latter is not forthcoming. Also, if laser was available for suturelysis, then addition of releasable suture per-se to the surgical procedure appears to be expendable.

Outcomes of success were determined by IOP \leq 21 mmHg with no defined lower limit. Yet hypotony was a complication seen in a few eyes. It will be helpful if the authors can define the cut-off level of IOP at which this was determined and the duration it took for these cases to settle down. Also, it would make compelling reading if success rates in both groups were to be provided at the lower target IOP of 18 mmHg.^[2]

Finally, the conclusion appear a little confusing with the statement that 'surgical outcome is as good as a normal eye' – in as much as a glaucomatous eye with a bleb is a far cry from a normal one.

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Conflicts of interest

There are no conflicts of interest.

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References

1. Maheshwari D, Kanduri S, Kadar MA, Ramakrishnan R, Pillai MR. Midterm outcome of mitomycin C augmented trabeculectomy in open angle glaucoma versus angle closure glaucoma. *Indian J Ophthalmol* 2019;67:1080-4.
2. Kirwan JF, Lockwood AJ, Shah P, Macleod A, Broadway DC, King AJ, *et al.* Trabeculectomy in the 21st century: A multicenter analysis. *Ophthalmology* 2013;120:2532-9.

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