

Comments on: Long-term results of a single injection of intravitreal dexamethasone as initial therapy in diabetic macular edema

Dear Editor,

We read with interest the article titled "Long-term results of a single injection of intravitreal dexamethasone as initial therapy in diabetic macular edema" by Mahapatra *et al.* published in your esteemed journal.^[1] Though authors performed the study under the premise of no previous data on the use of dexamethasone implant which they explicitly mentioned in the introduction, we believe that this is not correct.^[2,3] In addition to this, we would like to express several other deficiencies in the article and hope that the authors will provide replies to them.

1. The primary outcome measure is not clear. Most studies use visual acuity (VA) or central macular thickness (CMT) as the primary outcome. Clear definitions are important to plan appropriate statistics and make treatment recommendations
2. The sample size is relatively small. Since this is a prospective study, it is important to estimate sample size before the commencement of the study and should mention methods of calculation
3. The authors have categorized many continuous variables including age, VA, and HbA1c but they might have used these as such. VA is an important outcome variable and should have been converted into LogMAR units for accurate analysis. They have provided the proportion of patients with change and meaningful improvement in terms of lines, however, due to categorization, the mean vision (in LogMAR) has been missed
4. The authors also did not mention the type of ocular coherence tomography (OCT) used and the manufacturer

details. Besides, the authors mentioned in the methods that the significance of correlation for each parameter was calculated using the Chi-square test. However, correlations are represented using Pearson's correlation coefficients and not Chi-square statistics

5. In results, the authors mentioned good VA, but in methods, VA was categorized as mild, moderate, and severe. However, they did not mention what is good VA. The *P* values for the comparison between CMT and intraocular pressure (IOP) at different points are not provided in the results
6. In the discussion, the authors mentioned about two subgroups; pseudophakic and phakic, but found no conclusive difference between the subgroups. However, the authors neither mentioned about these subgroups in the methods nor the results section.

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Conflicts of interest

There are no conflicts of interest.

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