Comments on: Retropupillary iris - claw intraocular lens implantation in aphakic patients

Dear Editor,

I read with interest the article on ''Retropupillary iris-claw intraocular lens implantation in aphakic patients'' by Sumitha *et al*.[1] In this prospective study, the authors have evaluated the outcomes of retropupillary iris claw intraocular lens (ICIOL) implantation in 36 aphakic eyes with inadequate capsular support.

In this study, Intraocular pressure (IOP) was measured with schiotz tonometer in all the eyes. It would have been ideal to use the Goldmann applanation tonometer for IOP measurement, as IOP was one of the outcome measures of the study. Central corneal thickness (CCT) was measured using pachymetry. However, it is not mentioned which pachymeter was used for the measurement – contact or non-contact? Which company ICIOL was implanted is also not mentioned.

Six out of 36 eyes underwent combined surgery, i.e., ICIOL with penetrating keratoplasty. These eyes should have be taken as a separate sub-group for analysis and should not have been combined with the rest of the study participants with surgical aphakia and no corneal pathology. The endothelial cell count measurement is also important in these eyes, which was not carried out. Did any of the eyes have preoperative cystoid macular edema?

The minimum age of the study participant was 13 years in this study. What was the indication for cataract surgery in the child and was the parent consent obtained? These points should be clearly mentioned.

As it was a prospective study, did the patients come for all the follow-up visits, which were scheduled at 1 day, 1 week, 1 month and 3 months, respectively? It should be mentioned clearly, as even in the prospective study, there is a possibility of the participants not reporting for the scheduled time period and not keeping the appointment.

The authors have not performed peripheral iridotomy (PI) in their study group. However, they have given reference of Jare *et al*.,[2] where 3/108 eyes had raised IOP, which were managed with neodymium - doped yttrium aluminum garnet (Nd: YAG) laser PI, which was obviously indicated for the pupillary block. I recommend that the PI should be performed for all the patients undergoing retropupillary ICIOL, so that pupillary block can be prevented.[3]

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online

Quick Response Code:	Website: www.ijo.in
	DOI: 10.4103/ijo.IJO_578_20

Cite this article as: Mansoori T. Comments on: Retropupillary iris - claw intraocular lens implantation in aphakic patients. Indian J Ophthalmol 2021;69:175.