

## Response to comments on: Intraoperative injection versus sponge—applied Mitomycin C during trabeculectomy: One-year study

Dear Editor,

We would like to thank you for showing interest and highlighting certain points in our study on “Intraoperative injection versus Sponge applied Mitomycin C during Trabeculectomy”.<sup>[1,2]</sup>

The present study was designed to evaluate the safety and efficacy of Mitomycin C (MMC) injection versus sponge during trabeculectomy. Primary trabeculectomies were performed with Mitomycin C during the period of the study. It's a prospective analysis of patients who underwent Trabeculectomy with Mitomycin C.

Most of the cases in our case series were primary (POAG & PACG) glaucoma cases and few secondary glaucoma included were steroid induced glaucoma & Pseudo exfoliation glaucoma. Cases like uveitic, neovascular, and traumatic glaucoma were excluded because these cases are more pertinent for poorer trabeculectomy outcome.

Trabeculectomy with antimetabolites (mitomycin C or 5-fluorouracil), has a low long-term success rate in NVG (not higher than 33%) and fails mainly due to fibrous tissue obstruction (neovascular membrane seals internal ostium and spreads into the filtering passage) or external scarring and conjunctival fibrosis, even with antimetabolites.<sup>[3,4]</sup>

There were conflicting aspects regarding the use of antiproliferative agents in uveitic glaucoma. There were

few studies of trabeculectomy with Mitomycin-C (MMC) in uveitic eyes in the current literature, and interestingly, the results indicated no obvious advantage in the control of IOP over 5-fluorouracil.<sup>[5,6]</sup>

In our study, we did not notice any significant post-operative events in early 2 weeks. In our practice we routinely admit patient for a day following surgery, examination done same day, at 1<sup>st</sup> day of post op, 2 weeks, 4 weeks, 6 weeks, 2 months, and 3 months. Whenever needed patients were called for frequent follow up.

Our study was small case series, main aim of our study was to evaluate the safety and efficacy of Intraoperative injection of MMC against conventional sponge-applied MMC. However, bleb morphology in injection group was more diffuse, less vascularized and shallower bleb similar to Esfandiari He *et al.*<sup>[7]</sup> but these results were not statistically significant in comparing both groups.

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Nil.

### Conflicts of interest

There are no conflicts of interest.

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