Comments on: Recurrent unintentional filtering blebs after vitrectomy

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Dear Editor,

We would like to appreciate Shanmugam *et al*.[1] for their work. This report sheds light on the myriad of presentations of Traboulsi syndrome. Though the authors did not find communication between the bleb and anterior chamber on anterior segment optical coherence tomography, we highly recommend gonioscopy for the same. We would like to know the angle status of the other eye too as it can reveal a fistulous tract.

We have previously reported the 14th individual with Traboulsi syndrome and the first one from India, with a novel 5 bp homozygous deletion mutation in the *ASPH* gene.[2] We have noted scleral thinning with a communicating fistula between the anterior chamber and subconjunctival space with gonioscopy in our patient. It would be prudent to associate the typical facies and microspherophakia with Traboulsi syndrome when examining a patient with spontaneous filtering blebs and hypotony.[3]

Recognition of this entity is of paramount importance to avoid postoperative surgical surprises. When faced with microspherophakia and lens subluxation in these patients, a safe approach would be to plan clear-corneal phacoemulsification away from the site of the filtering bleb. The technique of intraocular lens implantation depends on the amount and location of scleral thinning. Care must be taken while creating pockets for a scleral-fixated intraocular lens (IOL). Other options include an iris-claw lens and suture fixation of a three-piece IOL to the iris.

A decision to repair the filtering bleb with patch graft will depend on the amount of scleral thinning, uveal ectasia, hypotony, and posterior segment status. Avoiding unnecessary surgical interventions and conservative management will help us tackle these spontaneous filtering blebs. The importance of examining the family members too cannot be overemphasized.[4]

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Conflicts of interest

There are no conflicts of interest.

References

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