

authors have no financial disclosures: Scott R. Lambert, Erick D. Bothun, and David A. Plager. All authors attest that they meet the current ICMJE criteria for authorship.

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Five-Year Postoperative Outcomes of Bilateral Aphakia and Pseudophakia in Children up to 2 Years of Age: A Randomized Clinical Trial



WE READ WITH GREAT INTEREST THE ARTICLE BY Vasavada and associates.¹ As has been highlighted well by the authors, intraocular lens (IOL) implantation in pediatric cataract, especially when dealing with patients <2 years of age, remains a matter of concern. In this regard, this study is of paramount importance as it highlights the safety of IOL in these cases, with visual outcome comparable to the aphakia group. However, there are a few concerns, which we would like to highlight.

In any randomized controlled trial (RCT) the sample size calculation, as well as the power of the study, is crucial for interpretation and extrapolation of the results. However, we could not find a mention of the same in the manuscript.

The cut-off of intraocular pressure for diagnosis of glaucoma in this study was taken as 21 mm Hg. Although the cut-off is well established for adult patients, will it remain the same for pediatric cases?²

The authors have assessed the anterior segment inflammation based on large and small cells with the help of

slit-lamp attachment in a microscope for this study. We went through the authors' cited reference in this regard; however the criteria used for classification of small and large cells were not clear to us.³ Since this is an RCT, we believe that the criteria for classifying cells should be discussed in the methodology section, which would help the readers. Do the authors believe that the presence of cell deposit over the IOL surface always indicates inflammation? A retained viscoelastic substance can also result in deposits over the IOL surface. Also, did the authors modify the steroid regimen on the basis of examination under anesthesia (EUA) findings of cell deposits in early follow-up?

We would like to know the rationale for prescribing +16 diopter spectacles in the aphakic group in the immediate postoperative period. Wouldn't it be a better idea to perform retinoscopy of the first eye when operating the second eye for prescribing spectacles? Also, the authors state that after suture removal, glasses were prescribed for distance correction in all cases. Do they mean that the kids were corrected for distance only, without any near addition? Considering the mean age of 6 months and 8 months in the 2 groups, and the fact that children in this age group predominantly depend on near vision for most of their activities, are the authors justified in prescribing distance correction until the age of 2.5 years?

In the study, the authors have highlighted contact lens compliance well. Can the authors also comment on the spectacle compliance in the 2 groups, as aphakic children are prone to poor compliance with spectacles owing to the thick, heavy, and uncomfortable glasses? Also, the compliance with glasses is bound to change with age. Any difference in the compliance with spectacles can adversely affect the outcome of this study and can explain the cause for delayed visual rehabilitation in the aphakic group.

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