

CONFLICT OF INTEREST DISCLOSURES: SEE THE ORIGINAL article for any disclosures of the authors.

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The Risk of Primary Open-Angle Glaucoma Following Vitreoretinal Surgery—A Population-based Study



EDITOR:

WE CONGRATULATE AND HIGHLY APPRECIATE MANSUKHANI and associates for their article.¹ However, we would like to mention a few points and seek the authors' kind attention.

Firstly, it is not very clear to us why the cases in this study were designated as primary open-angle glaucoma. In previous studies, it was already established that raised intraocular pressure (IOP) was a known sequela of vitreoretinal surgery,^{2,3} and in this present study also, raised IOP was following vitreoretinal surgeries and therefore secondary glaucomas.

Secondly, the authors have mentioned that high baseline IOP was associated with increased risk of primary open-angle glaucoma following vitreoretinal surgery. We are interested to know the baseline IOP of those who developed open-angle glaucoma postoperatively.

Thirdly, in this present study, subjects using steroid for more than 2 months were excluded. Whereas previous studies reported IOP rise within 3–6 weeks of steroid use and few studies reported early rise of IOP within first or second week after initiation of steroid use.^{4,5}

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REPLY

WE THANK BORGHAIN AND ASSOCIATES FOR THEIR COMMENTS on our previously published paper, “The risk of primary open-angle glaucoma following vitreoretinal surgery—a population-based study.”¹ We agree that raised intraocular pressure (IOP) is a known sequela of vitreoretinal surgery owing to multiple causes. However, elevation of IOP is not synonymous with glaucoma, and is in fact not part of the current definition of glaucoma.² Most patients with elevated IOP never develop glaucoma, while a large proportion of glaucoma patients (27% in our study) do not have recorded IOP elevations. In the Discussion section of our paper, we listed reasons why the glaucoma in our patients could be considered secondary. However, we were unable to determine phenotypic differences from primary open-angle glaucoma (POAG). As well, there are clear secondary causes of glaucoma after vitreoretinal surgery, and our cases were designated as POAG to distinguish them from cases where a clear etiology was present.