Excimer Laser Trabeculotomy

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As a respectful reader of this journal, I appreciate the article of Babighian et al. [1], entitled ‘Efficacy and safety of ab interno excimer laser trabeculotomy in primary open-angle glaucoma: two years of follow-up’, and how it aptly addresses the effectiveness and safety of excimer laser trabeculotomy (ELT) to treat open-angle glaucoma. Nevertheless, there are several issues I would like to see addressed.

In this article and in some of the prior European literature, ELT is noted as excimer laser trabeculotomy rather than trabeculostomy. However, the described procedure creates laser-induced ostia. Therefore the suffix ‘-ostomy’ appears better suited, whereas ‘-otomy’ would refer to ‘making an incision’ which does not occur in ELT.

The inventor of excimer laser trabeculostomy, Dr. Michael Berlin, is not referenced in this paper. It would be appropriate to give him proper credit for this procedure [2, 3].

On page 285, the researchers note that ELT aims to improve the outflow of aqueous fluid by producing 0.5-mm holes. There is no reference given to this observation, therefore it is not clear how this observation was determined. The article states that the laser fiber is 200 μm. It is unclear how this would create 500-μm ostia.

On page 286, an aiming beam is mentioned in the Surgical Technique section. However, unless the AIDA laser system has been modified, and this is not mentioned, no aiming beam is utilized.

Finally, the authors do not propose a hypothesis to explain the progressive decrease in intraocular pressure over time as opposed to other ELT studies in which the decrease in intraocular pressure occurs in the immediate postoperative period and is sustained [4, 5]. Do the authors offer any hypothesis as to why their patients have a slower rate of decline than others? This detail may be an important characteristic of their ELT technique that should be noted.

I commend the authors for the insight afforded by their article and look forward to the reporting of future results with the ELT procedure.

References


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