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There is no doubt that steroids and other immunosuppressants contribute to the surgical result. However, the effect will not be sustained once a taper is initiated. Management in this series of patients became easier following surgery with fewer and less immunosuppressants being required. Hypotony in chronic uveitis patients is often characterized by a protracted course requiring frequent reinjections, or modifications to the immunosuppressive regimen.

For all the reasons mentioned above, and our results, we feel that a surgical approach should be considered in this group of patients. With time, we should be able to determine the place and timing of surgery in the management of this severe complication of uveitis.

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Sir,
The surgical management of chronic hypotony due to uveitis

Prolonged hypotony in uveitis patients is often regarded as the end stage of a chronic disease from which recovery is improbable if not impossible. However, not all hypotony cases are alike. Hypotony resulting from active inflammation will respond to adequate immunosuppression, and as indicated in our article an attempt should be made to treat it medically before considering a surgical approach. The question then is how long should one wait to observe a response.

As indicated by Dr Liu and co-workers, periocular steroids can have a prolonged effect. In certain forms of uveitis, a single periocular injection can provide a beneficial effect for 8–12 weeks. However, one would expect to see a response to steroids within the first 10–14 days. To take into account a possible delay in this initial response, we followed patients for 2 months prior to surgery. The patients included in this series did not show a pressure rise on intensified immunosuppression.

Sir,
The surgical management of chronic hypotony due to uveitis

Dr de Smet and associates have conducted an interesting study on surgical interventions for cases of uveitis-induced chronic hypotony. After a joyous reading of the whole article, we think that an important issue should warrant further discussion.

Subtenon's capsule triamcinolone acetonide injection was shown to be effective in the management of intraocular inflammation.^{1,2} It has an overt advantage over systemic steroid for effaced systemic adverse effect and slow-releasing depot.¹ The biological action of subtenon triamcinolone acetonide is long and can be up to 6 weeks or even longer.^{1,2}

From the methodology, it can be learned that some of the patients with intraocular inflammation were given one to two subtenon's injection prior to the surgical intervention.³ Interestingly, if one inspected Table 1 of the article, it was noted that duration of hypotony in patient numbers 1–4 ranged from 8 to 12 weeks.³ Apparently,