

- 3 Vinciguerra R, Romano MR, Camesasca FI, Azzolini C, Trazza S, Morengi E *et al*. Corneal cross-linking as a treatment for keratoconus: four-year morphologic and clinical outcomes with respect to patient age. *Ophthalmology* 2013; **120**(5): 908–916.
- 4 Greenstein SA, Hersh PS. Characteristics influencing outcomes of corneal collagen crosslinking for keratoconus and ectasia: implications for patient selection. *J Cataract Refract Surg* 2013; **39**(8): 1133–1140.
- 5 Koller T, Pajic B, Vinciguerra P, Seiler T. Flattening of the cornea after collagen cross-linking for keratoconus. *J Cataract Refract Surg* 2011; **37**: 1488–1492.
- 6 Yam JC, Cheng AC. Prognostic factors for visual outcomes after crosslinking for keratoconus and post-LASIK ectasia. *Eur J Ophthalmol* 2013; **23**(6): 799–806.

I Toprak¹, V Yaylalı^{2,3} and C Yildirim^{2,4}

¹Department of Ophthalmology, Servergazi State Hospital, Denizli, Turkey

²Department of Ophthalmology, Faculty of Medicine, Pamukkale University, Denizli, Turkey

³Private Yaylalı Eye Hospital, Denizli, Turkey

⁴Private Ege Akademi Eye Hospital, Denizli, Turkey
E-mail: volkanyaylali@yahoo.com

Eye (2014) **28**, 1033–1034; doi:10.1038/eye.2014.91;
published online 2 May 2014

Sir,

RE: Long-term outcomes and risk factors for failure with the EX-press glaucoma drainage device

We congratulate Mariotti *et al*¹ for their very interesting article ‘Long-term outcomes and risk factors for failure with the EX-press glaucoma drainage device’ in which they report the long-term outcomes and risk factors for failure with the EX-PRESS shunt implanted under a scleral flap.

We would like to point out some issues that we believe need further clarification.

First, in their article the authors report that ‘Two hundred and forty-eight eyes of 211 patients with uncontrolled glaucoma underwent EX-PRESS implantation (with or without cataract extraction) between September 2000 and September 2009’; however, it is not clear whether the authors excluded patients who had previously undergone cataract surgery and intraocular lens (IOL) implantation? More importantly, did they exclude patients with complicated cataract surgery?

Second, in the 112 eyes that underwent combined surgery, what was the exact technique?

Did they perform the cataract surgery and then the modified trabeculectomy with the EX-PRESS valve or vice versa? Was the cataract surgery in all the eyes uncomplicated? And if not, did they continue the procedure of the EX-PRESS implantation? Did the authors have any cases where an anterior chamber IOL (ACIOL) or an Artisan type had to be inserted? It would be very interesting to know whether the EX-PRESS valve works efficiently in the eyes with complicated cataract

surgery and whether the EX-PRESS success rates are different in these eyes.

Conflict of interest

The authors declare no conflict of interest.

Reference

- 1 Mariotti C, Dahan E, Nicolai M, Levitz L, Bouee S. Long-term outcomes and risk factors for failure with the EX-press glaucoma drainage device. *Eye (Lond)* 2014; **28**(1): 1–8.

I Georgalas, D Papaconstantinou and C Koutsandrea

Department of Ophthalmology, ‘G.Gennimatas’ Hospital of Athens, University of Athens, Athens, Greece

E-mail: igeorgalas@yahoo.com

Eye (2014) **28**, 1034; doi:10.1038/eye.2014.87; published online 9 May 2014

Sir,

Response to: RE: Long-term outcomes and risk factors for failure with the EX-press glaucoma drainage device

We thank Georgalas *et al*¹ for the interest shown towards our article.²

We did not exclude pseudophakic eyes before surgery. In our series, 79 patients were pseudophakic at the time of the Ex-press implantation (32%). Patients with previous complicated cataract surgery were not excluded.

The combined technique consisted of starting the procedure with the modified trabeculectomy first and then, once the scleral flap was ready, performing the cataract surgery with a temporal approach. After the phaco and IOL implantation were completed the surgeons placed the AC maintainer and performed the sclerotomy and Ex-press insertion. Cataract surgery was uneventful in all patients of this group. None of the surgeries required ACIOL.

Conflict of interest

The authors declare no conflict of interest.

References

- 1 Georgalas I, Papaconstantinou D, Koutsandrea C. RE: Long-term outcomes and risk factors for failure with the EX-press glaucoma draining device. *Eye* 2014; **28**(8): 1034.
- 2 Mariotti C, Dahan E, Nicolai M, Levitz L, Bouee S. Long-term outcomes and risk factors for failure with the EX-press glaucoma drainage device. *Eye (Lond)* 2014; **28**(1): 1–8.