Comments on: A comparative study of tarsorrhaphy and amniotic membrane transplantation in the healing of persistent corneal epithelial defects

Dear Editor,

We read with interest the article on “A comparative study of tarsorrhaphy and amniotic membrane transplantation in the healing of persistent corneal epithelial defects” by Dhillon et al.1) We would like to appreciate the authors on comparing and evaluating the clinical outcomes of tarsorrhaphy and amniotic membrane transplant (AMT) in the healing of persistent epithelial defects (PED) and subsequent corneal vascularization, if any, thereby providing symptomatic relief. However, we have some concerns about the article.

Firstly, the authors have mentioned that the total number of eyes evaluated were 60 eyes; 30 in each group. However, the results section mention that 15 eyes had PED due to exposure keratopathy, 32 secondary to penetrating keratoplasty (PK), 5 due to trauma, and 5 were idiopathic. This gives a total number of eyes as 57 eyes and not 60 eyes which were included for the study. If it is a calculation error, it needs to be clarified.

Secondly, though the preoperative sizes of the epithelial defect were similar in both the groups, the size of the epithelial defect reduced faster in the group A patients compared to the group B patients, at 1 week and 2 weeks, which was statistically significant. We feel that even though there was no statistically significant difference in the preoperative size of epithelial defect, there was a significant clinical difference of a mean of 7–8 mm² larger PED area in the group B, when compared to the group A, which could be responsible for a faster healing time in group A. The mean area ± standard deviation of the epithelial defect preoperatively was 34.90 ± 30.14 mm² but in Table 3, it was given as 34.90 ± 30.16 mm².

Thirdly, the authors have not mentioned about the postoperative treatment regimen, i.e. use of topical lubricants or topical steroids, which is important as these drugs are...
were prescribed to the patients who were post-operative steroids e.g., fluromethalone) in low frequency and doses in patients with larger defects. Topical steroids (surface along with topical antibiotic (preservative free) 4 times a day for a month and then a reduced dose to 6 times a day dose comprised of artificial lubricants topically 2 hourly initially tarsorrhaphy, the conventional treatment was instituted. It (PED) by amniotic membrane transplantation (AMT) or extent.

We sincerely thank Srirampur A

Dear Editor:

Persistent corneal epithelial defects (PED) by amniotic membrane transplantation (AMT) or tarsorrhaphy, the conventional treatment was instituted. It was mentioned for these 10 eyes, where neither tarsorrhaphy nor AMT worked.

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Conflicts of interest
There are no conflicts of interest.

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