

Review of: "A trabecular micro-bypass stent combined with phacoemulsification efficiently reduces intraocular pressure in open angle glaucoma in Mexican population"

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Potential competing interests: I have no potential competing interests to declare.

Dr. Escamilla-Gallegos and coworkers report a study regarding the medium-term efficacy of iStent implantation in a small group of glaucomatous patients.

The topic is quite interest, even if extensively covered in previous studies.

Unfortunately, this study has numerous drawbacks that make it of little use from a clinical point of view.

First of all, it is not clear if this is a prospective or retrospective study.

The sample taken into consideration is definitely too small (by the way, 26, as reported at the beginning of page 4 or 23, as stated in the summery and in the first line of page 5?) to draw definitive conclusions.

In the Abstract the Authors declare that the patients were divided into two groups: one underwent cataract surgery alone (control group), the other cataract surgery plus iStent implant. Unfortunately, no mention is made of these two groups in the results.

In the introduction, the authors state that ab-externo surgery (trabeculectomy, I suppose) "results in only a modest reduction in IOP". I do not agree with this statement at all. On the contrary, they report a 14.5% reduction in IOP after iStent implant and define it as a "strong hypotensive effect". This means, for example, that an IOP of 25 mmHg is reduced to 21.4 mmHg. I don't think this can be called a satisfactory result.

A 23% of endothelial cell loss, in my opinion, is not a "small loss" as reported by the Authors.

Fig.1 is not clear and needs to be better explained.

A part from Fig.2, no other data concerning the pre-operative and postoperative IOP values is reported.

The conclusions need to be toned down, considering the small sample of patients included, the lack of a control group, the quite short follow up and, last but not least, the fact that the company that produces this device has, at least partially, financed this paper.

In the References section, the number of Authors for each reference and the abbreviations of the journals should be checked and corrected following the journal guidelines.

The English should be revised and checked by a native speaker.

There are many other minor points that should be addressed, but I think it's time to discuss it after the main points have been adequately settled.

In conclusion I believe this manuscript cannot be accepted for publication unless after extensive and substantial modifications.