

# Review of: "Surgical Considerations For Vitreous Opacities"

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**Potential competing interests:** No potential competing interests to declare.

## Review:

The manuscript provides an overview of vitrectomy as the most frequent surgical treatment for vitreous opacities. It also discusses alternative treatments such as YAG laser vitreolysis and the potential use of gold nanoparticle-assisted photoablation. Additionally, the manuscript briefly mentions the surgical management of diabetic retinopathy.

Overall, the manuscript covers several studies and research findings related to these topics. However, there are a few points that could be clarified or expanded upon for a more comprehensive review. Here are some specific comments:

1. The author mentions that vitrectomy was considered unacceptable until clinical evidence demonstrating excellent patient outcomes was published in 2000. It would be beneficial to briefly discuss the key findings of these studies to support the claim.
2. The manuscript provides a comparison between YAG laser vitreolysis and vitrectomy, stating that vitrectomy showed higher symptom remission rates. It would be useful to include some specific numbers or statistics to support this comparison.
3. The manuscript introduces the concept of gold nanoparticle-assisted photoablation as a potential alternative treatment for vitreous opacities. However, it lacks a detailed explanation of how this technique works and how the gold nanoparticles are targeted to the opacities.
4. Surgical Management of Diabetic Retinopathy: The section on diabetic retinopathy is brief and lacks a thorough discussion of the surgical management options available. And there is no junction with main topic.

## Conclusion:

In conclusion, the manuscript provides an overview of vitrectomy, YAG laser vitreolysis, and gold nanoparticle-assisted photoablation as potential treatments for vitreous opacities. However, there is room for improvement in terms of clarifying certain concepts, expanding on important findings, and providing a junction with the surgical management of diabetic retinopathy. Addressing these points would enhance the manuscript's overall clarity and depth.