

# 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: No potential competing interests to declare.

Dear Authors

I had the privilege of reviewing your manuscript.

I Have some suggestions to make below:

1-In the abstract, in the Methods section, you describe your work as a clinical trial.

To be Able to do that, you would had to publish your work on clinical trials.gov,before starting the trial, discussing the methods, inclusion and exclusion criteria, and addressing which clinical trial phase you would address ( Phase I - Safety, Phase II-efficacy, and so fort...).

Your work for me is an open label, prospective, non randomized, 1 year follow up study instead.

2-In the introduction, when describing the Trab complications, looks like the trab has devastating complications compared with the MIGS procedure, leading the reader to thing that the ab externe procedure is really unsafe.

Surely the MIgs surgery has less complications than the TRAB, specially when performed by unexperienced surgeons, but in experienced hands it is still the mainstay of treatment for uncontrolled glaucoma under maximal medical therapy.

The MIgs procedures are indicated today, according to the literature, only too early on moderate glaucomatous damage, in patients controlled with medication.

It is contraindicated in patients with late stage glaucoma uncontrolled with medication.

It's important to state that to make sure with don't lead the readers to take wrong conclusions.

3-The phaco istent surgeries were performed temporally or from the top?

It is important to address the location of the corneal phaco incisions and also the location of the Istent implantation.

Any method was used to identify the aqueous veins drainage sites for better istent placement?

4-A phaco was performed in all cases, and we know that the lens extraction alone was a role in decreasing the IOP

temporarily in the early post op period.

This effect should be discussed in the discussion.

5-It is always important to cite the existing literature on phaco istent surgeries compared with phaco trabs relating to IOP reduction, VA recovery times and complications on the discussion.

6-Also the weaknesses of the manuscript should be addressed in the discussion, such as the small n.

Best