

Dear Sir

I read the article published in your journal from authors Mahtab Mengal et al¹ on the subject of trabeculectomy in congenital glaucoma. I have a keen interest in the subject they worked on and I appreciate authors' hard work. The strength of the study was their very strict success criteria, which added a lot to my knowledge. However, there are few points I would like to get views from the authors' for my better understanding.

1. In material and methods, they stated the inclusion criteria and definition of congenital glaucoma as one entity. Did all or few or one of the features contributed to the diagnosis, because as much we know gender is never in definition of congenital glaucoma. Kindly comment.
2. For sample size calculation why absolute precision of 0.10 was taken? Similarly, why anticipated population proportion of 92.3% was taken because the references they mentioned have no such figures. Moreover, reference no. 25 of their citation is not study about trabeculectomy so how they included it in the sample size calculation.² How will they respond to this query?
3. The authors have made some mistake in references, total references are 25 in their article but the attribution is of 27. How will they explain this?

I hope, you will get me these answers for updating my knowledge and better understanding.

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2. **Tamcelik N, Özkiris A.** Long-term results of viscotrabeculectomy in congenital glaucoma: comparison to classical trabeculectomy. Br J Ophthalmol. 2008; **92 (1)**: 36-39.

REPLY

We are glad to have received your response and appreciation, and I am thankful for the interest that you have shown in this topic. We will try to answer your questions, hopefully to your satisfaction, in the same order as you have put them before us.

1. As for the first question, since our study was designed to recruit only patients with congenital glaucoma as participants, the operational definition of congenital glaucoma became the inclusion criteria as well. The reason for clearly stating that gender would not be a deciding factor within the inclusion criteria was to avoid any confusion among the research team during the recruitment process.
2. Since cases of congenital glaucoma are not too frequent, and not all parents agree to have their children undergo trabeculectomy, therefore we decided that it would be adequate to have results that were precise within 10 percentage points 95% of the time. This was the reason for keeping the absolute precision value at 0.10 while the confidence interval remained 95%. The anticipated population proportion was chosen to be 92.3% based on available regional data, the referencing in the material and methods section however was failed to be updated along with the rest of the article and this has resulted in the wrong citation for the given value. The actual article for this number can be found in the reference number 14 of the published article, which has been correctly cited for the figure of 92.3% in the introduction section of the published article. We are grateful to you for having raised this issue, and we will

update the citation numbers for the material and methods section.

3. For the last point, we would again like to express our gratitude at having brought up this point, and as mentioned, we will update the citation numbers for the material and methods section accordingly.

We hope that your queries have been answered to your satisfaction, and that all the points that were raised have been clarified

adequately. The points you raised have been most pertinent and have helped us to rectify an oversight in our article.

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