

Response to comment on: Factors affecting the early and mid-term success of needling for early failure of filtering bleb

Dear Editor,

We thank Singla and Ichhpujani for evaluating our work and your thoughtful comments.^[1]

In general, bleb appearance can be classified clinically as diffuse, cystic, encapsulated, and flattened. In our clinic, while making this classification, we consider the conjunctival vessels, corkscrew vessels, presence or absence of micro cysts, transparency, and height of the filtering bleb. We agree that it may be more rational to use a standard classification scale, thank you for your contribution. Anterior segment optical coherence tomography (AS-OCT) is not available in our clinic; however, we used ultrasound biomicroscopy in a limited number of cases which is not enough to include in the study. In fact, the experience of the observer influences grading quality no matter which method is used. Yılmaz *et al.* analyzed and assessed the compatibility of trabeculectomy filtering bleb characteristics and appearances using biomicroscopy, AS-OCT and *in vivo* confocal microscopy (IVCM). They concluded that although it does not provide objective and detailed data on the internal structure of the bleb, biomicroscopic grading is adequate and reliable in clinics in which IVCM and AS-OCT are not available.^[2]

Since we aimed to evaluate the cases with early needling, we included the cases that were performed within 3 months. Of course, we also have cases with delayed needling, and this comparison may be the subject of a future study. Gutierrez-Ortiz *et al.* reported that needling revision performed more than 4 months after trabeculectomy was associated with failure.^[3]

The standard dose 0.2 mg/mL of Mitomycin-C (MMC) was used in all cases. We performed without changing the dose in uveitic cases. Almobarak *et al.* concluded comparable outcomes in trabeculectomy surgery in uveitic glaucoma with low (0.02%) and high (0.04%) concentration of MMC.^[4]

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Conflicts of interest

There are no conflicts of interest.

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