Reviewer's report

**Title:** Late-Onset Secondary Pigmentary Glaucoma Following Foldable Intraocular Lenses Implantation in the Ciliary Sulcus: A Long-term Follow-up Study

**Version:** 3  **Date:** 26 February 2013

**Reviewer:** enrico Martini

**Reviewer's report:**

1) The table n° 2 describes 14 eyes of 13 patients while the Authors say that 10 eyes of 10 patients have been enrolled.

2) In the same table are described 2 cases of piggyback IOL, while in the text there is no mention of such cases. Also some of the references describe cases of piggyback implant. It seems not correct to put together results of piggyback IOLs as the anterior lens is easily pushed against the iris posterior surface.

3) In the written text it is not clear what is the real clinical course: the follow-up is calculated from the cataract surgery or the referral? How much time there is between surgery and diagnosis and how much between diagnosis and referral? And what has been exactly the therapy in each case? There are only 10 cases, perhaps a table with some more detailed information could help.

4) It is not clear why so many eyes had low vision at referral? Glaucoma in advanced stage or complications from cataract surgery as corneal decompensation or CME?

5) IOP was severely elevated in almost all eyes. Why only 4 had surgery aimed to lower the IOP? And why the visual result was so low in cases well compensated by medical therapy?

6) Almost all the cases were single piece hydrophobic acrylic IOLs. Perhaps the title should refer to foldable single piece IOLs and not simply to foldable lenses.

7) Considering the high percentage of complicated implants and the very low visual acuity, it is not clear in the text if the authors are warning against a complication mainly due to the kind and site of the implant even if correctly performed, or against implanting an IOL in improper way: 30% of vitreous incarceration, at least one case of iris-optic contact, elevated IOL mobility.

8) In the 2 cases of early IOP elevation, what is the mechanism? Why is there an elevated IOP only few days after surgery? The iris chafing and pigment dispersion seems unlikely to work in such a short period and probably there has to be a more directly surgery related mechanism. Do the Authors believe there is something common between early and late IOP elevation in these cases?

**Level of interest:** An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
'I declare that I have no competing interests