Author’s response to reviews

Title: Impending Extrusion of Ex-PRESS Shunt Treated by Shunt-position Adjustment : a case report

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Francesco Oddone (Reviewer 1): The authors describe a case of repositioning of an Express with impending extrusion due to previous malpositioning. Please find below some comments:

- The authors should highlight more clearly why their report is original or in other words what the report add to the existing knowledge.

We appreciate the reviewer’s thoughtful comment. According to the standard procedure, when malposition or exposure on conjunctiva of the Ex-PRESS shunt occurs, the shunt is removed and secondary glaucoma surgery is performed. However, we treated a patient with impending extrusion of Ex-PRESS shunt by shunt-position adjustment. To our best knowledge, this is first case of the treatment of malpositioned Ex-PRESS shunt by shunt-position adjustment. This treatment is considered to be a particularly effective method, because it renders shunt removal and secondary glaucoma surgery unnecessary. We added this information to Page 7, lines 144-150.

- The authors stated "To make sufficient space for easy adjustment, an incision with the super sharp blade was made in the area adjacent to the shunt" but it is not clear in which area and in which direction the incision was performed (e.g. parallel or orthogonal to the limbus, from the implant outward or not, etc.) nor it is clear from the figures.
We appreciate the reviewer’s thoughtful comment. We made an incision into the anterior chamber parallel to the iris plane, in both lateral directions, from the external-plate-inserted site. For better understanding, we changed Figure 2(A) accordingly. We added this information to Page 5, lines 91-93.

- According to the description of the surgical procedure it seems that 0.04% mitomicin-C was applied after the implant was repositioned. There are some concerns regarding this point. First it is not described how the MMC was applied (e.g. with sponges) and more importantly it seems that MMC was applied with the scleral flap open and the implant in place thus with high risk of MMC penetration into the anterior chamber. This is a risky procedure that should be avoided and I think it should not be reported on a scientific paper in order to avoid any readers doing the same. The authors should describe if they considered this risk and if any procedure aimed at reducing it was put in place.

We appreciate the reviewer’s thoughtful comment. We applied MMC with a soaked sponge. It was our manuscript mistake to state that we applied MMC prior to scleral flap suturing. This was a mistake specifically of paragraph arrangement. In fact, we used MMC after scleral flap suture. Also, as relates to the reviewer’s concern, we applied MMC as far as possible from the distal margin of the scleral flap so as to minimize the possibility of MMC penetration into the anterior chamber. We added this information to Page 5, lines 96-100.