Reviewer's report

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

Version: 1 Date: 16 Jul 2017

Reviewer: Enrico Martini

Reviewer's report:

Overall I think that this is an interesting work was and it is worth publishing. I think that it is interesting due to two reasons: one is what you stress i.e. that it's possible to adjust the positioning of an extruding Express implant instead of removing it. The second one is that it offers occasion to review some of the commonest causes of Express malpositioning: thin sclera, incompletely filled anterior chamber and oblique insertion of the implant. Still I have some remarks and questions to address before publication:

1) Why if left eye is longer than right one the myopia far less in the left eye? Is there any corneal problems (keratoconus, ectasia or similar)? Or is it an index myopia due to more advanced cataract?

2) In the timeline is stated that both eyes had visual acuity 20/20 before surgery. You should better explain why your choice was a combined surgery.

3) It is not clear WHEN the problem with the Express positioning was noted: early after surgery or after some months, and if the latter is true, did you feel that a displacement had occurred, or simply that the extrusion was more likely due to scleral erosion?

4) My feeling is that the oblique direction of the implant and a quite anterior location, in an eye with a thin sclera and and an incompletely filled AC made your implant technique less "energetic" in fully pushing the Express through the sclera and so preventing the "spur" from completely entering the AC. The Express was consequently more unstable, it could rotate or move and cause erosion. A gonioscopic photo would have been very useful to assess the implant positioning and the cause of erosion.
5) It is not completely clear why you performed two incisions in the sclera to adjust the implant position. As you cited in the discussion that is the approach some Authors use to easily remove the Express (after rotating it to allow the spur displacement). Didn't you fear that two more incisions in a thin sclera would result in an unstable positioning? Perhaps it would have been useful to suture the incisions after repositioning.

6) I think that in discussion or conclusions you should stress that the Express removal is always quite traumatic and in cases of impending erosion it impossible to try to reposition it instead of straightforward removal, taking care that the implant is perpendicular the limbus, parallel to the iris plane and well pushed in the anterior chamber so that the spur prevent further dislocation.

7) pag. 11 line 142-143: it is not clear why "the more commonly the Express is used the more frequently this complication will occur." You should explain better or reformulate.

8) pag. 10 lines 111-113: I cannot easily understand what "Ex-PRESS shunt surgery can be formulated" and "...compared with trabeculectomy in theoretically..." mean. You should explain or reformulate.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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