for unintentional anterior hyaloid rupture. They also reported visual axis opacification in 8 cases (4 [10.5%] in group 1 and 4 [19.0%] in group 2) in the postoperative period. In order to overcome this problem, prevent visual axis opacification, and avoid serious vitreous-related complications after anterior vitrectomy, it has been reported that posterior optic capture (optic capture buttonholing) combined with posterior CCC can be an effective and safe alternative, without routinely performing anterior vitrectomy.[5]

Once again, we congratulate the authors for this new and different study, and we think that prospective, randomized advanced clinical studies with more pediatric cataract patients from multiple centers in the future will further shed light on this issue.

Ethics

Financial Disclosure: The author declared that this study received no financial support.

References

1. Derici̇oğlu V, Sevik MO, Bağatur Vurgun E, Çerman E. Predictive Factors of Complications and Visual Outcomes after Pediatric Cataract Surgery: A Single Referral Center Study from Türkiye. Turk J Ophthalmol. 2023;53:267-274.
2. Vasavada AR, Nihalani BR. Pediatric cataract surgery. Curr Opin Ophthalmol. 2006;17:54-61.
3. Chou YY, Zhang BL, Gan LY, Ma J, Zhong Y. Efficacy of intracameral preservative-free triamcinolone acetonide in pediatric cataract surgery: a meta-analysis. Graefes Arch Clin Exp Ophthalmol. 2020;258:2205-2212.
4. Ucar F. Intraocular lens implantation with flattened flanged intrascleral fixation technique in pediatric aphakia. J AAPOS. 2022;26:8.e1-8.e7.
5. Kohnen T, Davidova P, Lambert M, Wenner Y, Zubcov AA. Posterior continuous curvilinear capsulorhexis with anterior vitrectomy vs optic capture buttonholing without anterior vitrectomy in pediatric cataract surgery. J Cataract Refract Surg. 2022;148:831-837.

Reply

We would like to thank Dr. Uçar for his insightful comments and interest in our study titled "Predictive Factors of Complications and Visual Outcomes after Pediatric Cataract Surgery: A Single Referral Center Study from Türkiye."[1] His observations and suggestions are valuable contributions that merit further discussion and consideration within the context of pediatric cataract surgery.

Regarding the management of patients older than 12 months left aphakic in our study, we appreciate your query concerning cases where the integrity of the capsular bag was disrupted, possibly necessitating scleral intraocular lens (IOL) fixation. We excluded patients who underwent secondary IOL implantation, and among the cases where patients were left aphakic, there were no instances of complete capsular bag disruption that warranted scleral IOL fixation in the primary surgery. However, we acknowledge the significance of this consideration and its potential impact on surgical outcomes, particularly in cases involving compromised capsular integrity, which could benefit from scleral IOL fixation method.[2]

This retrospective study covers a period of 10 years, and although IOL implantation was performed in some patients during this period, our clinic's protocol for pediatric cataract cases primarily involves utilizing aphakic contact lenses for patient follow-up. In addition, as stated in the methodology section, select patients received IOLs primarily based on socioeconomic considerations and the potential impracticability of employing contact lenses. The debate about the optimal approach -aphakic versus IOL implantation- for pediatric cataracts continues. Notably, a large-scale prospective study discouraged routine IOL implantation in children under the age of 2 years.[3] Conversely, a recent meta-analysis suggests that IOL implantation results in better visual acuity but with an increased risk of visual axis opacification.[4] Consequently, we advocate for larger-scale studies to comprehensively elucidate this intricate issue.

The use of intracameral triamcinolone in pediatric cataract cases is routinely performed in our clinic following the completion of posterior curvilinear capsulorhexis (PCC). However, your suggestion of a more intense topical anti-inflammatory treatment, along with intraoperative intracameral triamcinolone acetonide subsequent to both PCC and viscoelastic removal holds promise in potentially reducing such complications. Moreover, studies investigating posterior optic capture alongside PCC have reported fewer fibrinous complications, while randomized prospective studies have demonstrated comparable long-term outcomes between IOL implantation in the capsular bag and the mentioned technique.[5,6] In addition to the methodology employed in this single-center retrospective study, investigating the posterior optic capture technique may hold significance in the management of fibrin reactions in pediatric cataracts.

We appreciate your commendation of our study and concur that prospective, randomized advanced clinical studies encompassing a larger cohort from multiple centers will significantly enhance our understanding of pediatric cataract surgeries. The collaboration among various centers in future studies will undoubtedly provide more comprehensive insights and further elucidate the complexities associated with this intricate surgical domain.

Ethics

Authorship Contributions

Surgical and Medical Practices: E.Ç., Concept: V.D., M.O.S., E.B.V., E.Ç., Design: V.D., M.O.S., E.B.V., E.Ç., Data Collection or Processing: V.D., E.B.V., Analysis or Interpretation: V.D., M.O.S., E.Ç., Literature Search: V.D., E.B.V., Writing: V.D.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

References

1. Derici̇oğlu V, Sevik MO, Bağatur Vurgun E, Çerman E. Predictive Factors of Complications and Visual Outcomes after Pediatric Cataract Surgery: A Single Referral Center Study from Türkiye. Turk J Ophthalmol. 2023;53:267-274.
2. Ucar F. Intraocular lens implantation with flattened flanged intrascleral fixation technique in pediatric aphakia. J AAPOS. 2022;26:8.e1-8.e7.

3. Solebo AL, Cumberland P, Rahi JS; British Isles Congenital Cataract Interest Group. 5-year outcomes after primary intraocular lens implantation in children aged 2 years or younger with congenital or infantile cataract: findings from the IoLunder2 prospective inception cohort study. Lancet Child Adolesc Health. 2018;2:863-871.
4. Chen J, Chen Y, Zhong Y, Li J. Comparison of visual acuity and complications between primary IOL implantation and aphakia in patients with congenital cataract younger than 2 years: a meta-analysis. J Cataract Refract Surg. 2020;46:465-473.
5. Vasavada AR, Vasavada V, Shah SK, Trivedi RH, Vasavada VA, Vasavada SA, Srivastava S, Sudhalkar A. Postoperative outcomes of intraocular lens implantation in the bag versus posterior optic capture in pediatric cataract surgery. J Cataract Refract Surg. 2017; 43:1177-1183.
6. Kaur S, Sukhija J, Ram J. Comparison of posterior optic capture of intraocular lens without vitrectomy vs endocapsular implantation with anterior vitrectomy in congenital cataract surgery: A randomized prospective study. Indian J Ophthalmol. 2020;68:84-88.

Volkan Dericioğlu, Mehmet Orkun Sevik, Elif Bağatur Vurgun, Eren Çerman

Marmara Üniversitesi Tıp Fakültesi, Göz Hastalıkları Anabilim Dalı, İstanbul, Türkiye

Cite this article as: Dericioğlu V, Sevik MO, Bağatur Vurgun E, Çerman E. Reply to Letter to the Editor Re: Predictive Factors of Complications and Visual Outcomes after Pediatric Cataract Surgery: A Single Referral Center Study from Türkiye. Turk J Ophthalmol 2024;54:53-54

Address for Correspondence: Eren Çerman, Marmara University Faculty of Medicine, Department of Ophthalmology, İstanbul, Türkiye
E-mail: erencerman@yahoo.com **ORCID-ID:** orcid.org/0000-0002-8681-9214
Received: 05.12.2023 **Accepted:** 06.12.2023

DOI: 10.4274/tjo.galenos.2023.64359