Comment on the Paper of Doctors Rouhiainen, Leino and Teräsvirta

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Dear Sir, I read with interest the article of Rouhiainen et al. [1] on the effects of some treatment variables on long-term results of argon laser trabecu-loplasty.

The authors – among others – revealed that the number of the pre-operative topical antiglaucoma medications had no statistically impact on the success rate. In a similar study [2] on primary open-angle glaucoma patients, we retrospectively studied the potential connection between the duration of the preoperative local antiglaucomatous therapy and the success after 3-5 years of follow-up. In this study, the glaucoma was medically uncontrolled. The argon laser trabeculoplasty (0.9-1.0 W, 0.1 s, 50 μ m) was added to the local therapy. The prelaser intraocular pressure varied between 22 and 30 mm Hg, and a postlaser intraocular pressure less than 22 mm Hg was considered a success. Data on 56 eyes of 56 patients (the side was randomly selected) were evaluated by Cox regression. The duration of the preoperative use of antiglaucoma medication had no statistically significant correlation with the long-term success. The result was identical, when the first 3-year period was studied with the X2 test. Similarly no correlation was revealed between sex, age, stage of glaucomatous damage, the number of the laser spots or the number of the treated quadrants and the long-term result. On the contrary, the postlaser period of acceptable intraocular pressure (< 22 mm Hg) belonging to the eyes which received corticosteroid drops for 1 week after the laser treatment was significantly longer, with both statistical methods, than the duration with acceptable intraocular pressure of eyes without postlaser antiphlogistic therapy. Chamber angle pigmentation was not evaluated in our study. Although our results were similar to the findings of Rouhiainen et al, [1], I feel it is necessary to point out two potential problems of the recent study. Eighty-five eyes of 75 patients were evaluated, but it is not mentioned whether all these eyes were involved in the statistical analysis. If it was so, the result may be problematic, as both eyes of the same patient are not to be considered independent from each other. My other question concerns the postlaser topical antiphlogistic therapy, which is not mentioned in the paper. If it was not uniformly applied, it might influence the statistical results.

References

- Rouhiainen H, Leino M, Teräsvirta M: The effect of some treatment variables on long-term results of argon laser trabeculoplasty. *Ophthalmologica* 1995;209:21-24.
- Hollo G, Milibák T, Dohán J: Long-term results with argon laser trabeculoplasty in primary open angle glaucoma. *Szemészet (Ophthalmol Hung)* 1994;131:23-27.