Reply

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We thank Doctors Ho and Lai for their interest and insightful comments on our article [1]. In our study, all eyes with diffuse diabetic macular edema were nonischemic as detected preoperatively by fundus fluorescein angiography. Their second question is related to the type and time of perimetry in the patients who developed raised intraocular pressure. Short-wavelength automated perimetry was performed after controlling the high intraocular pressure, but we did not use the other techniques such as optical coherence tomography or the Heidelberg Retinal Tomo-

graph for further evaluation. Their third question regards the cataract issue and classification of the cataract. The degree of opacification of the lens for the 24 phakic eyes was assessed using the standard Lens Opacification Classification System [2]. The other issue is whether or not the results were evaluated in a masked fashion. Fundus fluorescein angiographies before and after the injections were graded in a masked fashion. Finally, we agree with Ho and Lai that prospective randomized studies with a larger number of patients may be more meaningful to elucidate this issue.

References

- 1 Er H, Yilmaz H: Intravitreal cortisone injection for refractory diffuse diabetic macular edema. *Ophthalmologica* 2005;219:394–400.
- 2 Chylack LT Jr, Wolfe JK, Singer DM, Leske MC, Bullimore MA, Bailey IL, Friend J, McCarthy D, Wu SY: The Lens Opacities Classification System III. The Longitudinal Study of Cataract Study Group. *Arch Ophthalmol* 1993;111:831–836.

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