

Authors' reply

Sir,

We would like to thank the reader for showing interest in the article titled "Use of topical brimonidine to prevent intraocular pressure (IOP) elevations following Nd:YAG-laser posterior capsulotomy" and appreciating the need to manage the raised IOP after Nd:YAG-laser posterior capsulotomy as narrated in the manuscript.^[1]

We would like to clarify the queries raised by the reader:-

- As mentioned in the manuscript, the present study was a non-randomized clinical controlled trail, and hence technique of randomization and blinding were not applied. However, the study groups under comparison at the start of the study itself were made similar to avoid selection bias or probability of confounding. This helped in making the interpretation of results more reliable. As mentioned in the manuscript, that sample size was purposive based on operational feasibility.^[1] We agree with the reader's comment about possible elaboration of the statistical tests applied, but keeping in view the word limits, mandate of the *Journal of Pharmacology and Pharmacotherapeutics* and the peers who would follow the article as well the journal, it was decided to give more emphasis on content, result and discussion on the use of topical brimonidine to prevent intraocular pressure (IOP) elevations following Nd:YAG-laser posterior capsulotomy.^[2]
- As rightly mentioned by the reader, ciprofloxacin group acts as the placebo arm in this superiority trial and various other drugs used in glaucoma such as acetazolamide, timolol,

pilocarpine and so on have established efficacy for such post laser IOP spikes since many years now.^[3] We do understand and agree with the reader that any other hypotensive instead of ciprofloxacin could have been used as this kind of acute IOP elevation usually resolves without any sequelae in previously normotensive eyes.^[3] But the reader should appreciate that seeking ethical clearance for the use of hypotensive solution may sometimes pose strong ethical dilemma not only amongst the members of ethical committee for giving clearance to such studies but also with the researchers to undertake research with new intervention.^[4]

- As narrated by the reader, prostaglandin analogues like latanoprost, travoprost and bimatoprost are currently the first line of treatment for glaucoma and ocular hypertension and these drugs may be the better options for preventing post laser IOP elevations as well.^[4] The reader also accepted the fact that not many studies have been conducted to assess their efficacy in this regard and the cost-effective studies are yet to be conducted. It is high time that more such studies should be conducted in the Indian scenario to establish the use of prostaglandin analogues and other newer drugs in prevention of IOP spikes following Nd:YAG-laser posterior capsulotomy.^[5]

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