Re: Srinivasan et al.: Comparison of new visual disturbances after superior versus nasal/temporal laser peripheral iridotomy: a prospective randomized trial (Ophthalmology. 2018;125:345-351)

TO THE EDITOR: We applaud Srinivasan et al. for their well-powered study examining dysphotopsia’s post-laser peripheral iridotomy (LPI) in a South Indian population. Their findings do contrast other reported studies with more diverse ethnic groups. Their study was designed to ensure that the LPI was covered by the eyelid superiorly and not covered in the temporal/nasal region. However, they failed to comment on the location of the LPI relative to the eyelid after the procedure. In addition, the short follow-up period of 2 weeks, is likely too short to adequately differentiate between a temporary and long-term dysphotopsia.

The authors’ decision to break randomization based on the physician’s discretion, although at a low rate, does further dilute the strength of a randomized controlled trial. It may not be clinically significant, because there was no difference when these patients were excluded. It should, however, be kept in mind when interpreting these results, especially when dealing with symptoms that occur at low frequencies.

The presence of symptoms with binocular viewing does represent everyday activity and we agree that it is worth examining the clinically significant viewing conditions of these dysphotopsias. However, we feel that with a subjective questionnaire it is more powerful to have the patient’s own eyes act as controls. It would still be possible to test binocular conditions and determine a difference between interventions in those circumstances. This suggestion may be an avenue for future investigation.

Overall, the authors have shown in a well-powered, randomized, short-term study no difference in dysphotopsia symptoms between temporal and superior LPI locations at 2 weeks postoperatively under binocular viewing conditions in their South Asian population. However, the results of this study may not be generalizable to other populations, and they would not account for monocular or delayed perception of dysphotopsias. For other ethnic populations, monocular viewing and experiences beyond the first 2 weeks after the laser procedure, the best evidence remains that linear dysphotopsias are more likely in superior as opposed to temporal iridotomies.

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Financial Disclosures: The authors have no proprietary or commercial interest in any materials discussed in this article.

Available online: ■ ■ ■.

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References