

REVIEWER'S REPORT

Manuscript No.: IJAR-56631

Title: Sub-Tenon MMC Trabeculectomy with Amniotic Membrane Transplantation in Glaucoma

Recommendation:

Accept after major revision

Rating	Excel.	Good	Fair	Poor
Originality				✓
Techn. Quality				✓
Clarity			✓	
Significance			✓	

Reviewer's ID: JPR-198

Detailed Reviewer's Report

This prospective study evaluates a combined surgical technique in 21 patients. While the clinical question is relevant and the results are clearly presented, the paper is significantly limited by its small, single-arm design, short 3-month follow-up, lack of statistical analysis, and issues with self-citation.

In its current form, the manuscript contributes limited new evidence beyond what is already established in prior literature. Substantial revisions are needed.

Major Concerns

- **No control group.** This single-arm design cannot prove the benefit of the added MMC or AMT over standard surgery. The authors must either reframe the paper as a descriptive feasibility study (removing all "efficacy" claims) or clearly state this as the study's main limitation.
- **Small, unjustified sample (n=21).** With no power calculation, the sample is too small for generalizable conclusions. This must be formally acknowledged as a pilot/feasibility study.
- **Follow-up too short (3 months).** This is inadequate for assessing trabeculectomy outcomes, which require years. Terms like "complete success" are misleading at this stage and must be qualified.
- **No inferential statistics.** The paper lacks basic statistical analysis (e.g., paired tests for IOP, confidence intervals, survival curves). This is a critical deficiency for a prospective study.

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- **Unclear success criteria.** The terms "complete" and "qualified" success are used without defining the IOP thresholds or referencing standard guidelines.
- **Missing surgical parameters.** Key details are unreported, making the technique impossible to reproduce. This includes the MMC dose/concentration, injection volume/placement, and amniotic membrane preparation.
- **No bleb grading system.** Bleb descriptions are subjective. A validated grading system is required for reproducibility.

Minor Concerns

- No baseline disease severity data (e.g., visual field, cup-to-disc ratio) is provided.
- Postoperative interventions (e.g., 5-FU needling, suture lysis) are not documented.
- Visual acuity is listed as an outcome in the Methods but never reported in the Results.
- The required duration of "maximal medical therapy" before surgery is not defined.
- Surgeon experience level and number of surgeons are not disclosed.
- The intraoperative photograph (Figure 1) is low-resolution and unlabeled.
- The Introduction summarizes literature but fails to clearly define the study's specific gap or research question.