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Effectiveness of Mp-3 Microperimetric Biofeedback Fixation Training for Low Vision Rehabilitation in Patients Treated with Corticosteroid IVT in Retinal Vein Occlusions [Letter]

T Triwiyanto ¹, Sari Luthfiyah ²

¹Department of Medical Electronics Technology, Poltekkes Kemenkes Surabaya, Surabaya, Indonesia; ²Department of Nursing, Poltekkes Kemenkes Surabaya, Surabaya, Indonesia

Correspondence: T Triwiyanto, Department of Medical Electronics Technology, Poltekkes Kemenkes Surabaya, Jl. Pucang Jajar Timur No. 10, Surabaya, East Java, Indonesia, Tel +628155126883, Fax +6231-5025609, Email triwi@poltekkesdepkes-sby.ac.id; triwiyanto123@gmail.com

Dear editor

I am writing to provide a comprehensive analysis of the paper titled "Effectiveness of Mp-3 Microperimetric Biofeedback Fixation Training For Low Vision Rehabilitation in Patients Treated With Corticosteroid IVT in Retinal Vein Occlusions" authored by Mariaelena Malvasi et al published in Clinical Optometry.¹ This study delves into the efficacy of Mp-3 Microperimetric Biofeedback Fixation Training in enhancing visual outcomes for individuals with retinal vein occlusions undergoing corticosteroid IVT treatment. The primary contribution of this research lies in its exploration of a novel approach, Mp-3 Microperimetric Biofeedback Fixation Training, as a means of low vision rehabilitation in patients with retinal vein occlusions. The findings presented in the study demonstrate promising results in improving visual acuity, central macular thickness, mean retinal sensitivity, and fixation stability over the course of the rehabilitation sessions. This highlights the potential of biofeedback training as a valuable adjunct therapy for individuals with occlusive retinal conditions undergoing corticosteroid IVT.

However, despite the significant contributions of this study, several critical limitations warrant consideration. Firstly, the duration of follow-up may not capture the long-term effects of Mp-3 Microperimetric Biofeedback Fixation Training.² Furthermore, the lack of a control group hinders the ability to draw definitive conclusions regarding the efficacy of the intervention.³ Lastly, the absence of blinding in the assessment of outcomes introduces the potential for bias in the results.⁴ Moreover, in reviewing the methodology and results of the study, several errors come to light. Firstly, the selection criteria for the control eye in cases of bilateral involvement lack clarity, potentially introducing selection bias. Secondly, the description of the biofeedback training protocol could benefit from more detailed information on the specific parameters and techniques employed during the sessions. Additionally, the statistical analysis methods used to compare outcomes between time points could be further elaborated to enhance the transparency and reproducibility of the results. Lastly, the interpretation of changes in fixation stability could be strengthened by providing a more in-depth analysis of the underlying mechanisms driving these improvements.

Moving forward, it is recommended that future research endeavors in this area address the identified limitations by incorporating a larger and more diverse sample population, implementing longer follow-up periods to assess sustained benefits, including robust control groups for comparative analysis, and enhancing methodological transparency and rigor. Furthermore, exploring the potential synergistic effects of combining Mp-3 Microperimetric Biofeedback Fixation

Training with other rehabilitation modalities could offer valuable insights into optimizing visual outcomes for individuals with retinal vein occlusions.

In conclusion, the study by Malvasi et al sheds light on the promising role of Mp-3 Microperimetric Biofeedback Fixation Training in low vision rehabilitation for patients with retinal vein occlusions. By addressing the critical limitations, rectifying methodological errors, and embracing future research directions, the field stands to benefit from enhanced understanding and improved therapeutic approaches for individuals with occlusive retinal conditions.

Data Sharing Statement

No datasets were generated or analysed during the current study.

Ethical Approval

As this submission is a Letter to the Editor and does not involve humans and animals, no ethical approval was required for this publication.

Consent for Publication

Consent for publication was given by all participants.

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Disclosure

The authors declare no competing interests in this communication.

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