



LETTER TO THE EDITOR

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On Keratoconus Incidence in Prospective Refractive Surgery Patients

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(*Scr Med* 2013;44:32)

After crosslinking is complete, some of these keratoconus patients may be candidates for intra-corneal rings; a few may be candidates for subsequent partial surface excimer laser correction of astigmatism with continued follow up.

Dear Editor,

We read with interest the article, "Prevalence of Keratoconus in Candidates for Refractive Surgical Procedures," and we congratulate the authors, Kozomara et al.¹ on their important work. The fact that there was such a high prevalence of keratoconus among their patients, a prevalence far above that of the normal population, underscores the need for a high index of suspicion of keratoconus when seeing patients for elective surgery. The advanced Scheimpflug technology that the authors used must have been helpful in detection of keratoconus.

In patients where keratoconus is suspected, and who avoid use of contact lenses for two weeks, collection of baseline data with five Scheimpflug scans per eye will allow for even more rapid detection of change in the corneal curvature with time.² Some cases of keratoconus, initially considered to be unilateral, end up showing progressive curvature change with time. Crosslinking, a safe and highly effective procedure for the stabilization and partial reversal of keratoconus³, is certainly indicated in cases of keratoconus with progression and also for individuals under age 18 with keratoconus even before there is evidence of progression.^{4,5}

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References

1. Kozomara B, Boháč M, Potkonjak E, et al. Prevalence of keratoconus in candidates for refractive surgical procedures. *Scr Med* 2012;43:25-7.
2. Epstein RL, Chiu YL, Epstein GL, et al. Criteria for curvature change in keratoconus and postoperative LASIK ectasia. *J Refract Surg* 2012;28: 890-4.
3. Koller T, Mrochen M, Seiler T. Complications and failure rates after corneal crosslinking. *J Cataract Refract Surg* 2009;8:1358-62.
4. Chatzis N, Hafezi F. Progression of keratoconus and efficacy of corneal collagen cross-linking in children and adolescents. *J Refract Surg* 2012;28:753-8.
5. Randleman JB. Corneal Collagen Cross-linking: New and expanding applications. *J Refract Surg* 2012;28:744-5.