TO THE EDITOR: We read with interest the article “Decreased Corneal Sensation and Subbasal Nerve Density, and Thinned Corneal Epithelium as a Result of 360-Degree Laser Retinopexy” by Bouheraoua et al. The authors discuss the effects of dense circumferential laser retinopexy on corneal nerves and esthesiometry by comparing patients operated for retinal detachment versus macular hole. There may be a few differences in the groups that should be considered.

Many patients with retinal detachment can have choroidal detachment before, during, or after the surgery. Because only the retinal detachment group demonstrated damage to corneal nerves, this could have been a factor as afferent nerves from cornea travel in the suprachoroidal space. The gas used in the retinal detachment group was longer standing. Buoyancy forces, especially after patient positioning, could possibly have different mechanical impact on these nerves in the 2 groups.

Second, axial myopia is a known risk factor for retinal detachment. If laser was indeed the cause of the findings, myopic patients with a thinner retina and choroid would be more prone to the deleterious effects of laser. Perhaps a subgroup analysis on these patients would be informative.

In addition, ocular hypertension is common after surgery for retinal detachment. Was any antiglaucoma agent used in that group? Such medications may have significant effects on the ocular surface and could have affected the results of the study. In fact, because patients with retinal detachment usually require longer postoperative rehabilitation, chronic use of preservative-containing topical medication could also have affected the results.

Finally, the results of the study may be affected by other small factors, such as the duration of the surgery, manipulation and pressure of contact lens used for vitrectomy, and epithelial debridement.

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