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Corrigendum to “Ipsilateral supraorbital nerve transfer in a case of recalcitrant neurotrophic keratopathy with an intact ipsilateral frontal nerve: A novel surgical technique” [Am J Ophthalmol Case Rep 4 2016 14–17]



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In our article, we omitted to reference the comment by Dr. Sunil R. Moreker to the report of corneal neurotization technique by Elbaz et al.¹ In the comment, Dr. Sunil R. Moreker stated that he and his team performed a successful “corneal re-innervation surgery” in a patient with neurotrophic keratopathy, corneal opacification, and proliferative diabetic retinopathy.² They performed “local re-innervation surgery by retrieving a local nerve branch” and executing the procedure “in the same way” as described by Elbaz et al.

The differences between our technique and that of Elbaz et al. are described in our manuscript. These same differences would also apply to the comment by Dr. Sunil R. Moreker regarding his case of corneal re-innervation. As stated in our manuscript, we performed a direct ipsilateral nerve transfer for a patient with neurotrophic keratopathy due to an iatrogenic injury. In contrast, Elbaz et al., and presumably Dr. Sunil R Moreker, anastomosed an autogenous nerve graft to the donor nerve in patients with central lesions of the trigeminal nerve and diabetic neurotrophic keratopathy respectively to achieve corneal neurotization.^{1,2} Our technique does not rely on the nerve graft to provide the appropriate re-innervation, and instead directly connects the donor nerve with the target organ.

References

1. Elbaz U, Bains R, Zuker RM, Borschel GH, Ali A. Restoration of corneal sensation with regional nerve transfers and nerve grafts: a new approach to a difficult problem. *JAMA Ophthalmol.* 2014 Nov;132(11):1289–1295.

2. Moreker SR, Restoration of corneal sensitivity and reduction of opacity in diabetic neurotrophic keratopathy by nerve transfer. Comment to “Elbaz, U., et al., Restoration of Corneal Sensation with Regional Nerve Transfers and Nerve Grafts: A New Approach to Difficult Problem. *JAMA Ophthalmol.* 2014.” Dec. 14, 2015.

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