

## Intraocular Pressure after Myopic Photorefractive Keratectomy

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*J Ophthalmic Vis Res* 2018; 13 (4): 520

Dear Editor,

We read with great interest the article by Karimian et al comparing the effects of loteprednol with fluorometholone after myopic photorefractive keratectomy (PRK).<sup>[1]</sup>

We would like to congratulate the authors for their interesting and well-written paper, but we have some concerns regarding the criteria they used to establish the presence of increase in intraocular pressure (IOP).

It is well known that PRK changes several ocular parameters,<sup>[2,3]</sup> making certain measurements unreliable.<sup>[4]</sup> Among these, Goldmann applanation tonometry measurements become unreliable due to corneal thinning and flattening, resulting in underestimation of IOP.<sup>[5]</sup>

The authors defined steroid-induced ocular hypertension as IOP higher than 21 mmHg or a 10-mmHg rise in IOP compared with baseline. In our opinion, these criteria may underestimate the true increase in IOP. According to the literature, after PRK, there should be a decrease in the IOP measurements due to corneal thinning and flattening. For this reason, if we consider only patients with an increase in IOP >10 mmHg or measurements higher than 21 mmHg, some patients may be missed.

### Financial Support and Sponsorship

Nil.

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Received: 08-10-2017

Accepted: 30-12-2017

### Conflicts of Interest

There are no conflicts of interest.

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DOI:

10.4103/jovr.jovr\_209\_17

**How to cite this article:** De Bernardo M, Rosa N. Intraocular pressure after myopic photorefractive keratectomy. *J Ophthalmic Vis Res* 2018;13:520.