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Reply: Pseudoexfoliation syndrome and cardiovascular disease: studies must control for all cardiovascular risk

We thank Dr Yusuf for his comments¹ regarding our article.2

In this study, aorta-renal vasculature was examined in patients with pseudoexfoliation syndrome (PEX). In addition to these evaluated parameters, intrarenal vasculature and renal parenchyma were examined by Doppler ultrasonography and serum urea, blood urea nitrogen, creatinine, urinary microalbumin and creatinine clearance were analyzed. These parameters were used in another study for evaluation of the renal function in patients with PEX. In PEX and control groups, urinary microalbumin levels were $5.8 \pm 22.7 \,\text{mg}/24 \,\text{h}$ and $2.7 \pm 6.0 \,\text{mg}/24 \,\text{h}$, respectively (P = 0.441). Microalbuminuria was not observed in both groups. In the light of this information, we think that urinary microalbumin levels had no effect on the results of our study.

Serum cholesterol levels were not investigated in this study. On the other hand, all subjects were examined about history of cardiovascular diseases and the patients with cardiovascular diseases were excluded from the study. Heterozygous familial hypercholesterolemia is among the most common inborn errors of metabolism and occurs in approximately one in 500 persons; affected individuals can usually be identified from birth by elevated levels of plasma LDL cholesterol.³ Heterozygous familial hypercholesterolemia is accelerated vascular disease, especially coronary artery disease.4 There was a significant association between

total plasma cholesterol level and coronary artery disease incidence.⁵ Although the exclusion of the serum cholesterol data might seem like a limiting factor of the study, we consider that vascular disease risk associated with hypercholesterolemia may be eliminated because of the patients with coronary artery disease were excluded from the study.

We also believe that a prospective longitudinal cohort study should be performed in patients with PEX to determine the relative risk of serious cardiovascular events in relation to other risk factors.

Conflict of interest

The authors declare no conflict of interest.

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Lubricants to prevent recurrent corneal erosion: an error in the Cochrane review

We have noticed an error in the Cochrane review 'Interventions for recurrent corneal erosions' published in September 2012 (and in the previous version published 2009).1

In 1999 Eke and colleagues² published the unexpected finding that following corneal abrasion with a fingernail, the use of topical lubricants increased the risk of