

**Sir,
Response to O'Brart: 'Is accelerated cross-linking the way forward? Yes or No'**

We welcome the comments of O'Brart¹ regarding our controversy articles 'Is Accelerated cross-linking the way forward? Yes or No'.^{2,3}

We agree that the presence of a demarcation line cannot be taken in isolation as a measure of treated *versus* untreated cornea; however, there is substantial microscopic, biomechanical and clinical evidence⁴⁻⁶ to support the hypothesis that this line described by Seiler and Hafezi⁷ does indeed demarcate between cross-linked and uncross-linked cornea. Further work is clearly warranted.

Although Reinstein *et al*⁸ have published elegant work demonstrating the epithelial changes in early keratoconus, this work is yet to be widely reproduced. For the large majority of workers in the field, changes in posterior corneal elevation detected using slit scanning or Scheimpflug imaging remains the mainstay of early diagnosis and is still considered to be the principle area of initial morphological change.⁹⁻¹²

Conflict of interest

The authors declare no conflict of interest.

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**Sir,
Intrastromal corneal rings and corneal collagen crosslinking for progressive keratoconus: comparison of two sequences**

Keratoconus is a progressive corneal ectasia with an estimated prevalence of 1 in 2000.¹ Crosslinking (CXL) is used to stop the progression of keratoconus, whereas intrastromal corneal ring segment (ICRS) is used to improve functional vision.

Case report

We compared two sequences of combined ICRS implantation and CXL in progressive keratoconus. In this retrospective study, CXL was followed by ICRS implantation (group A) or ICRS implantation was followed by CXL (group B). Uncorrected (UDVA) and corrected (CDVA) distance visual acuities, spherical equivalent (SE), manifest cylinder, mean keratometry (K), and maximum K were compared preoperatively and postoperatively. In all, 17 eyes of 10 patients with progressive keratoconus were included in this study, 11 eyes in group A and 6 in group B. The mean interval between treatments was 4.3 months in group A and 5 months in group B. The mean age was 27.6 in group A and 28.4 years in group B. The two groups were equivalent preoperatively. The mean UDVA and CDVA improved in both the groups (UDVA: 0.50 ± 0.22 to 0.60 ± 0.20 in group A and 0.28 ± 0.19 to 0.62 ± 0.22 in group B ($P < 0.05$); CDVA: 0.64 ± 0.15 to 0.70 ± 0.14 and 0.70 ± 0.14 to 0.88 ± 0.17, respectively). The cylinder, mean K, and maximum K values decreased in both the groups (cylinder: -3.63 ± 1.27 to -1.14 ± 0.1 D ($P < 0.05$)).