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Sir,

In Turkey, measles epidemics are under control after extensive immunization programmes since the beginning of the 1980s. However, as Kwan pointed out, we still have older patients who may need cataract operations and there are still patients of all ages in third-world countries. As we share these patients in the modern, borderless Europe, we wish to share our experience also.

Keratitis is present in all patients with measles, however, only one-third of them have ocular symptoms. Measles virus is scattered throughout the whole cornea during the active period of the disease. Exposure also plays a role in the development of peripheral ulcers and adherent leucoma, particularly located at the 6 o'clock position in the presence of xerophthalmia, vitamin A deficiency, and superinfections.¹ Anterior segment reconstructions such as pupilloplasty, synechiotomy, and optical iridectomy are necessary during cataract operation.

Penetrating keratoplasty (PK) has a limited role in the treatment of blindness from corneal scarring due to keratomalasia, measles, and vitamin A deficiency.^{2,3} In the literature, glaucoma has never been reported in patients who underwent PK due to adherent leucoma caused by measles. According to our clinical experience, intraocular pressure must closely be watched in patients after PK. Secondary damage in the trabecular meshwork and peripheral anterior synechia related with measles may aggravate glaucoma after PK. Penetrating keratoplasty must be applied if the corneal scar in the central axis impedes vision significantly, and patients must be followed closely for glaucoma.

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Sir,

Progression of visual field defect in a normal-tension glaucoma patient after laser *in situ* keratomileusis

The complications of a laser *in situ* keratomileusis (LASIK) were reported (5.2%) to include the following: flap irregularities, free cap formation, diffuse lamellar keratitis, epithelial ingrowth, induced astigmatism, regression, and overcorrection.^{1,2} Progression of a visual field defect is also reported after LASIK.^{3–6} Here, I report a case of progression in a visual field defect after LASIK.

Case report

A 34-year-old man visited a local facility of a laser visual correction centre in February of 2001. Preoperative evaluation revealed that his best-corrected visual acuity was 20/12.5 in both eyes, with $-9.00 -0.75 \times 5$ in the right eye and $-8.50 -0.75 \times 180$ in the left. The corneal curvatures were 42.25/43.25 D in both eyes. The central corneal thickness was 577 μm and 578 μm in the right and left eye, respectively. The intraocular pressure measured by Goldmann applanation tonometry was 13 and 11 mmHg in the right and left eye, respectively. The vertical cup/disc ratio was 0.7 in both eyes. The