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Sir,
Management of band keratopathy with excimer phototherapeutic keratectomy

We read with interest the article by Stewart *et al* on 'Management of band keratopathy with excimer phototherapeutic keratectomy' [March 2003; **17**(2): 233–237]. The authors reviewed the results of phototherapeutic keratectomy (PTK) performed on eyes with calcific band keratopathy (CBK) and concluded that PTK was an effective procedure for the management of

CBK both for visual rehabilitation as well as ocular surface improvement.

We have recently published a study that looked at the effectiveness of EDTA chelation in CBK.¹ In the 65 eyes of 54 patients that we have followed after EDTA chelation, we found significant visual improvement of two or more lines in up to half of the eyes that were treated, as well as symptomatic relief in 98% of the patients. Stewart *et al* reported an improvement in visual acuity in 55% of the treated eyes as well as symptomatic improvement in 83% of their patients. Our results correlate well with those presented by Stewart *et al* using excimer PTK; however, without the disadvantage of causing significant myopic shift as well as the added costs and unavailability of the excimer laser, especially in rural areas and in developing countries. As the authors have suggested it in their article, future prospective studies are needed to compare both treatment modalities.

Until then, we do believe that EDTA chelation is a simple, inexpensive, and effective treatment for CBK and we recommend it as a first-line treatment for CBK.

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Sir,
Use of OCT to demonstrate persistent subretinal fluid after clinically successful retinal detachment repair

The appropriate management of persistent shallow retinal detachment in individuals who have already