

orbitopathy,² such medications are also associated with increased intraocular pressure and glaucoma.³ Failure to consider this, would bias the frequency of ocular hypertension and glaucoma in patients diagnosed with Graves' orbitopathy.

Conflict of interest

The author declares no conflict of interest.

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Sir,
Response to Kittisupamongkol. Graves orbitopathy: frequency of ocular hypertension and glaucoma

Thank you for the opportunity to respond to Dr Weekitt Kittisupamongkol's comments. In our service, steroids are used only during small periods of time (typically 15 days) to treat patients with the active phase of Graves' orbitopathy. None of the 107 patients studied presented with this condition. All the patients included in the study were in the chronic (cicatrical) phase of the disease and thus were not using steroids. We apologize for not including in the paper the information that the presence of active orbitopathy was an exclusion criterion.

Conflict of interest

The authors declare no conflict of interest.

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Sir,
Corneal hysteresis in eyes undergoing phototherapeutic keratectomy

We have read with interest the excellent work by Kamiya *et al*,¹ which investigated the corneal biomechanical properties in eyes undergoing phototherapeutic keratectomy (PTK) for the treatment of granular corneal dystrophy. In the study, corneal hysteresis (CH) was measured with an ocular response analyser before and 3 months after surgery. One of their main results was that the CH was significantly decreased from 10.2 ± 2.2 to 8.7 ± 1.8 mmHg after PTK.

Previous studies have investigated the relationship between CH and intraocular pressure (IOP). Kamiya *et al*² found that eyes with higher IOP are more predisposed to having lower CH. In another study, González-Méjome *et al*³ reported that average changes in CH over time correlated well with the changes in IOP values. Although the relationship between CH and IOP has not been fully investigated, the current literature implies that IOP levels may affect the measurement of CH.

Kamiya *et al*¹ in their study mentioned that steroidal medications were topically administered postoperatively. The use of the medications may potentially lead to the elevation of IOP. The authors did not mention the IOP levels in eyes before and after PTK. On account of the potential effects of IOP levels on CH measurements, the decrease of CH may be because of the elevation of IOP. Thus, we suggest that the authors show IOP data and make a comparison of IOP levels before and after PRK.

Conflict of interest

The authors declare no conflict of interest.

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