

Topography-modified refraction: adjustment of treated cylinder amount and axis to the topography versus standard clinical refraction in myopic topography-guided LASIK

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Dear editor

It is encouraging to see the results in the article by Kanellopoulos “Topography-modified refraction (TMR): adjustment of treated cylinder amount and axis to the topography versus standard clinical refraction in myopic topography-guided LASIK”,¹ where the combination of refractive and corneal data in the treatment parameters provide better outcomes than treatment by optimal subjective refraction.

What is disappointing in the paper by Kanellopoulos is the omission in the reference list of the source references that first introduced and subsequently described treatment of patients with combined topography and refraction parameters.²⁻⁴ The omission of these references whether unintentional or deliberate has left Dr Kanellopoulos to make the false claim that his technique is “novel”.

As Dupps described in his editorial in JCRS in Sep 2008⁵ the omission of source references “can distort the field by remapping key contributions inaccurately”. Using my own work as an example, which is reinforced by Dr Kanellopoulos’ erroneous claim of novelty, “this challenging issue can be addressed through errata and correspondence” as we are here, “but once in the literature such errors are prone to propagation”.⁵

I ask Dr Kanellopoulos to update his reference list and modify his claims. The readers need to be informed of the origins of the method he used.

Disclosure

Dr Alpins has a financial interest in the ASSORT Surgical Management Systems used in the surgical planning and analysis of astigmatism.

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