

# 1 letters to the editor

## The Big Picture of Keratoconus Treatment Clarified

Some of the items included in my article, "The Big Picture: Treating the Whole Keratoconus Patient," (October 1999) need clarification.

**1** I opted not to wear distance spectacles for my -1.25D refractive error in optometry school. Instead, I tried vision therapy and reading glasses and found that my myopia went away.

sphericity (less inferior invagination) and the uncorrected visual acuity improved after treatment with the rigid lenses.

**4** Patient A.P. wore a Contex Airperm OK-4 lens OD and a Contex Aspheric 15 lens OS fitted with intermediate alignment.

**5** K.A.'s videokeratoscope maps (See Figs. 1 & 2) illustrate how allowing the lens to align the flatter superior cornea reduces the initial inferior invagination,

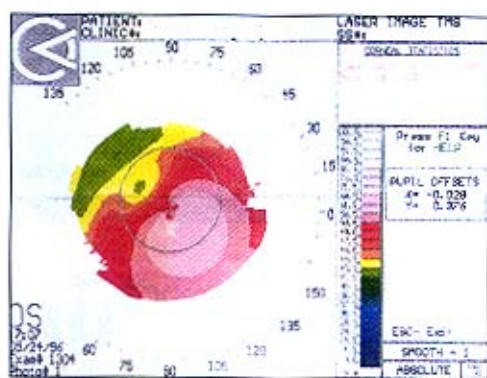


FIG. 1: Before treatment with rigid lenses, OS.

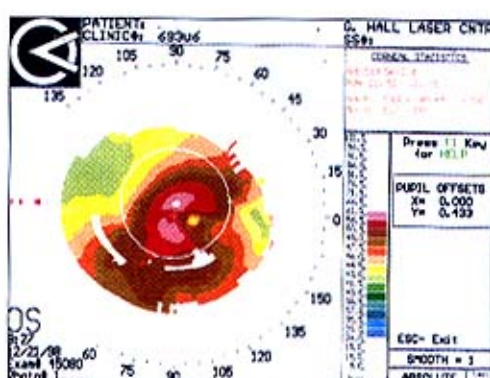


FIG. 2: After treatment with rigid lenses, OS.

This is why I like to recommend low plus reading glasses for presbyopic patients, including those with keratoconus.

**2** I believe that exercise and low plus reading glasses help keratoconus patients by reducing ciliary muscle fatigue and spasms.

**3** Patient K.A., who wears a Contex OK-2 Airperm contact lens OD and a Contex Aspheric 18 Airperm contact lens OS, showed only trace striae after refitting induced substantial improvement in her corneal topography. Note in Figures 1 and 2 that there is more corneal

flattens the apical cornea and reduces nearsightedness, thus improving unaided visual acuity.

I truly believe that exercise, proper nutrition, seeing the "big picture" (i.e., not being too near focused), and intermediate alignment fitting can rehabilitate distorted keratoconus corneas, improve corneal tissue response and patient quality of life.

Jeffrey Eger, O.D.  
Mesa, AZ