

Comment on “Keratoprosthesis in dry eye disease”

Dear Editor,

With reference to the recent article “Keratoprosthesis in Dry Eye Disease” by Sharma *et al.*,^[1] published in your journal, we wish to extend our congratulations to the authors for their comprehensive review article and thank them for the inclusion of our publication, “Osteo-odonto-keratoprosthesis According to Strampelli Original Technique: A Retrospective Study With Up to 30 Years of Follow-up” in the American Journal of Ophthalmology in May 2022.^[2] However, we have identified a few inaccuracies that we would like to clarify to enhance the quality of the work.

First, the technique we described in our study was the original Strampelli technique, specifically the osteo-odonto-keratoprosthesis (OOKP). In contrast, Sharma *et al.*^[1] erroneously referred to the MOOKP (OOKP modified by Falcinelli *et al.*^[3]) in the outcomes section (page 1161) of their article.^[1] Of note, our retrospective study, which included 82 eyes with up to 30 years of follow-up, demonstrated that the original OOKP technique by Strampelli resulted in better anatomical and functional outcomes when compared to other types of prostheses, including the MOOKP.

Additionally, we would like to point out that in Table 9, Sharma *et al.*^[1] reported that the most common etiology we identified in eyes undergoing OOKP surgery was Stevens–Johnson syndrome (SJS, 58 eyes, 70.7%). However, our study reported that the most frequent etiology was chemical injuries (58 eyes, 70.7%), with SJS identified as the cause in only seven eyes (8.5%).^[2]

We believe that these inaccuracies are likely typographical errors. Once again, we extend our congratulations and appreciation to the authors for their insightful review article. We look forward to future opportunities for constructive discussions on keratoprosthesis techniques.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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