are fingolimod, laquinimod, teriflunomide, BG-12 (dimethyl fumarate) and dalfampridine. In addition, new monoclonal antibodies include rituximab, ocrelizumab, ofatumumab, daclizumab and alemtuzumab (Table 2).

In addition to the macular edema which can occur in 0.4% of patients treated with fingolimod in the first 4 months of treatment and mainly in patients with a history of uveitis and diabetes mellitus, the rest of drugs utilized for treating MS can produce ocular side effects with undescribed frequency but which should be diagnosed early in order to preserve the visual function of our patients.

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Femtosecond laser-assisted superficial keratectomy as a treatment for bilateral band keratopathy

Queratectomía superficial mediante láser de femtosegundo como tratamiento de la queratopatía en banda bilateral

To the Editor,

Band keratopathy is characterized by the appearance of a horizontal band which could affect the vision of a patient. This letter presents a new surgical technique developed in our treatment for band keratopathy.

The case involved a female, 52, with progressive visual acuity reduction in both eyes (BE) who visited due to bilateral foreign body feeling which debuted 2 weeks before. Relevant personal history included Marfan disease and ophthalmological history dry eye syndrome in chronic treatment with artificial tears (Liquifilm®, Allergan Lab, Madrid, Spain). Exploration revealed that right eye (RE) best corrected visual acuity (BCVA) was of 0.5 and left eye (LE) of 0.6. Moderate bilateral band keratopathy was evidenced, with a calcium plate at the subepithelial level which was beginning to affect the pupil access. Schirmer test without anesthesia was performed with a result of 5 mm in RE and 7 mm in LE; the lacrimal meniscus was diminished in BE and the tear breakup time was altered (3s and 6s). Anterior pole optic coherence tomography revealed in BE an involvement of approximately 90 μm thickness from the corneal epithelium.

Intensive topical treatment with artificial tears and lubricating cream several times a day was established. Ten days later, the patient did not show improvement of the initial symptoms. After 3 weeks of treatment, a combined trea-

Fig. 1 – Final RE condition after FS laser corneal flap.

ment was carried out comprising ethylenediaminetetraacetic acid (EDTA) (EDTA 2% eyedrops, Llorens Labs, Barcelona) plus femtosecond laser (Intralase, California) (FS). Initially, the procedure was carried out in the RE and, after obtaining excellent functional results, it was decided to repeat the procedure in the LE (Figs. 1 and 2). After the application of topical treatment, a corneal flap having a thickness of 100 μm was made with the FS laser, the base and internal face of the flap was impregnated with EDTA, allowing it to act during 3 min. Subsequently, the calcium deposits on both sides of the flap were mechanically removed by means of superficial scraping with a spatula. Finally, a therapeutic lens with antibiotic cover was left as protection, and phosphate-poor artificial tears (Viscofresh 0.5%, Allergan Lab, Madrid, Spain) were prescribed in order to avoid recurrence of said sedimentations. The post-surgery appearance was excellent, the corneal calcium sedimentation disappeared and the discomfort improved. The tear stability in the ocular surface improved. In addition, BCVA improved in RE from 0.5 to 0.8 and in LE from 0.6 to 0.9.

In the patient of this case, a FS laser corneal flap removed the need of traumatic scraping of the cornea, thus avoiding extensive epithelial defect and reducing post-surgery discomfort. In addition, this technique does not require the use of amniotic membrane to facilitate epithelization and the ensuing risk of said membrane becoming part of the epithelium and reducing corneal transparency.

Accordingly, the authors believe that this technique provides an objective improvement and is recommendable for similar cases.

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14 December 2012

25 April 2013

2173-5794/—see front matter
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