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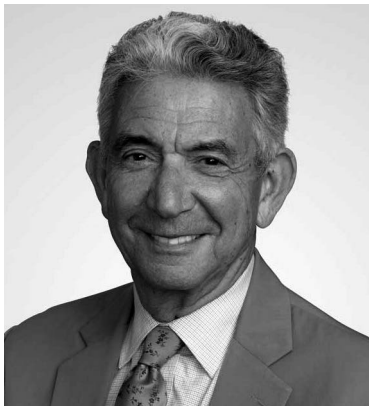
To the Editor: on paper "Negative dysphotopsia after cataract surgery – a problem that exists"



Samuel Masket

Department of Ophthalmology, University of California, Los Angeles
Head: Anne L. Coleman, MD, PhD

Only recently, I had the opportunity to read the Review Article dedicated to Negative Dysphotopsia that appeared in the September 30, 2024 issue of the Journal (Ophthatherapy. 2024; 11(3): 285-90). I wish to congratulate the authors on making a cogent and comprehensive review of a subject that is both clinically significant and persistently enigmatic. I also want to extend my gratitude for their inclusion of a number of articles that I have authored or co-authored regarding Negative Dysphotopsia (ND). However, I am concerned that they have misinterpreted an important finding from some of my work; unfortunately, this allows misconceptions to be perpetuated. In the first paragraph of page 288, in referencing a prior work of mine (authors' reference # 13) they allege that silicone IOLs of low index of refraction (I/R) and round edge design are less likely to induce ND than are higher I/R, square edged acrylic IOLs and they cite the lower percentage of cases of ND with silicone IOLs in my report as proof of concept [1]. In that specific report, 23% of the IOLs that required reoperation for ND were of silicone material. That finding should not be interpreted as silicone IOLs are less likely to induce ND than are acrylic IOLs, as the US market share of silicone was far less than 23% at that time frame; that is even more so currently. Additionally, 12% of the IOLs in my publication were of round edge design (no longer available in the US). Actually, the important take away from that publication is that ND can occur with any IOL material and design; the common pathway is placement within the capsule bag with the (nasal) anterior capsulotomy overlying the optic edge.

It is also unfortunate that in the case of ND, laboratory investigations do not always correlate well with clinical findings. To that point, although not published, Holladay (personal communication) has rescinded his ray tracing based theory that high I/R square edged acrylic IOLs are specifically causal for ND (authors' reference #7) [2].

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I hope that the authors will accept my congratulations and gratitude, both intended in good spirit, while reassessing some of their conclusions from the literature review.

CORRESPONDENCE
Samuel Masket, MD
Department of Ophthalmology, University of California, Los Angeles
100 Stein Plaza Driveway, Los Angeles, CA 90095
e-mail: avcmasket@aol.com

ORCID
Samuel Masket - ID – https://orcid.org/0000-0002-2080-7069

References

1. Masket S, Fram NR, Cho A et al. Surgical management of negative dysphotopsia. J Cataract Refract Surg. 2018; 44: 6-16.
2. Holladay JT, Zhao H, Reisin CR. Negative dysphotopsia: The enigmatic penumbra. J Cataract Refract Surg. 2012; 38: 1251-65.

Conflict of interest:
Morcher – Royalties.
Haag-Streit – Royalties.
CapsuLASER - Consultant.

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Ethics:
The content presented in the article complies with the principles of the Helsinki Declaration, EU directives and harmonized requirements for biomedical journals.

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