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# Answer to dr Samuel Masket: on paper "Negative dysphotopsia after cataract surgery – a problem that exists"

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## DEAR DR MASKET,

First and foremost, we would like to express our sincere appreciation for Your interest in our publication and for taking time to read it thoroughly. Your insights are especially valuable to us, considering your extensive experience and contributions to the study of the phenomenon of negative dysphotopsia.

We are grateful that You pointed out our incorrect interpretation of the conclusions drawn from Your work (reference #13). We might have misinterpreted Your study results concerning the percentage of patients experiencing ND with different types of IOLs, as described in a paper. It could also be the overinterpretation of the concluding paragraph of Your article (reference #13), which states: "we feel that there is sufficient evidence that negative dysphotopsia is primarily associated with in-the-bag IOLs of any type and material, although there seems to be a greater likelihood for negative dysphotopsia with highly reflective high index of refraction square-edged acrylic IOLs.".

Therefore, we would like to apologize to You and to our readers, and we would like to clearly correct the record that the cited article's conclusions indicate: "negative dysphotopsia was associated with acrylic or silicone IOLs of either square- or round-edge design" and "any form of IOL that is placed within the capsular bag might induce negative dysphotopsia.".

Taking advantage of Your research and observations, we would also like to emphasize that currently, following Your recommendations and considering the decreasing availability of silicone lenses, also in the European market, the reverse optic capture or bag-to-sulcus IOL exchange appears to be the most effective approach in cases of persistent ND requiring surgical intervention.

Your letter to the editor of the journal and our response will be published in the next issue of the "Ophthatherapy" journal.

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