

Here is a case report of a woman who developed ectasia following LASIK due to inaccurate flap cut.

The surgery was planned with an estimated flap thickness of 150  $\mu\text{m}$ .

From the full-text:

“Subjective optical pachymetry at the slitlap estimated flap thickness to be approximately 200  $\mu\text{m}$ .”

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Reversal of laser in situ keratomileusis-induced ectasia with intraocular pressure reduction.

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A 40 year-old woman had laser in situ keratomileusis for  $-7.75 -0.75 \times 20$  in the right eye. Preoperative examinations, including topography, pachymetry, and intraocular pressures (IOPs), were normal, and best spectacle-corrected visual acuity (BSCVA) was 20/20 in each eye. By 4 months postoperatively, the uncorrected visual acuity and BSCVA in the right eye had decreased to 20/40. Corneal topography of that eye was consistent with ectasia. One drop per day of timolol 0.5% (Timoptic XE) was prescribed. Five months postoperatively, the IOP had decreased and BSCVA and topography had improved. At 11 months, BSCVA returned to 20/20 and corneal topography normalized. Topographic difference maps were used to monitor corneal shape changes. In this case, early reduction in IOP completely reversed the ectasia.

**The abstract does not reveal that ectasia returned when the patient was taken off pressure-lowering drugs.**