

eyes with keratoconus. However, their study cohort had notable differences in clinical characteristics compared with our cohort. In the study by Savini and associates,³ there was a greater proportion of eyes with long axial lengths—34.1% of eyes were greater than 26.0 mm. Our study only had 26.0% greater than 26.0 mm.¹ The greater proportion of eyes with long axial lengths may have contributed to Savini and associates' finding³ of the SRK/T formula's superiority in their sample.

Many groups have suggested adjustments to existing formulas in eyes with keratoconus.⁴⁻⁶ The adjusted Kane formula modifies corneal power (K) and minimizes the effect of K on estimated lens position.⁴ This suggests that measured K contributes to greater error in IOL power calculations among eyes with keratoconus. Consistent with this finding, our study demonstrated that biometers may not accurately measure K. There was a tendency for biometers to overestimate K,¹ which may contribute to hyperopic outcomes in IOL calculations for keratoconic eyes.^{3,4,6}

Overall, IOL power calculations in patients with keratoconus remain challenging, especially in severe eyes. In addition, biometers tend to overestimate K. Error may be reduced by considering inaccuracies in K measurements when using formulas and adjustments in eyes with keratoconus.

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REFERENCES

1. Wang KM, Jun AS, Ladas JG, Siddiqui AA, Woreta F, Srikumaran D. Accuracy of intraocular lens formulas in eyes with keratoconus. *Am J Ophthalmol* 2020;212:26–33.
2. Barrett G. Barrett Universal II formula. Available at: http://calc.apacrs.org/barrett_universal2105/. Accessed April 16, 2020.
3. Savini G, Abbate R, Hoffer KJ, et al. Intraocular lens power calculation in eyes with keratoconus. *J Cataract Refract Surg* 2019;45(5):576–581.
4. Kane JX, Connell B, Yip H, et al. Accuracy of intraocular lens power formulas modified for patients with keratoconus. *Ophthalmology* 2020; <https://doi.org/10.1016/j.optha.2020.02.008>.
5. Holladay JT. Holladay IOL consultant software & surgical outcomes assessment. 1105.2019. Bellaire, Texas: Holladay Consulting; 2019.
6. Watson MP, Anand S, Bhogal M, et al. Cataract surgery outcome in eyes with keratoconus. *Br J Ophthalmol* 2014;98(3):361–364.

Corrigendum for Macular Vascularity in Ischemic Optic Neuropathy Compared to Glaucoma by Projection-Resolved Optical Coherence Tomography Angiography



EDITOR:

WE WOULD LIKE TO CLARIFY SOME ASPECTS OF OUR article, which appeared in the January 2020 issue of the *American Journal of Ophthalmology*.¹ Although 37 eyes with moderate and advanced glaucoma, 19 eyes with atrophic nonarteritic anterior ischemic optic neuropathy, and 40 eyes of normal subjects were included in this study and imaged using optical coherence tomography angiography (OCT-A), data from 5 glaucoma eyes, the entirety of the data from subjects enrolled from New York Eye and Ear Infirmary, lacked uniform OCT data (retinal nerve fiber layer and ganglion cell complex) as well as adequate quality macular OCT-A data. Therefore, those data elements from those 5 eyes were not used for the subsequent analyses. This means that, in Table 1,¹ the number of retinal nerve fiber layers and ganglion cell complex data of glaucoma cases were analyzed for 32 cases. Similarly, the analyzed number of glaucoma cases for which vessel densities were measured in the article and in Tables 2 and 4 was also 32 cases.¹ The authors regret not clearly delineating the sample numbers in the paper. These findings have no impact on the conclusions of the study.

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