CXL at the Slit Lamp: No Clinically Relevant Changes in Corneal Riboflavin Distribution During Upright UV Irradiation

To the Editor:

Photo-activated chromophore for keratitis crosslinking (PACK-CXL) ¹⁻⁴ may become an attractive treatment for developing and emerging countries where access to ophthalmic care and medical equipment is limited.⁵ PACK-CXL treatment has the potential to be performed at the slit-lamp within 3 to 5 minutes.³ We have addressed a remaining concern: is the stromal riboflavin distribution affected by gravity if the ultraviolet irradiation takes place in the upright position?

Freshly enucleated porcine eyes were incubated in 0.1% hypoosmolar riboflavin solution without dextran for 30 minutes and then divided into three groups: corneas fixed in a vertical position for 30 minutes (n = 4), corneas fixed in a vertical position for 60 minutes (n = 8), and corneas fixed in a horizontal position for 60 minutes (n = 8). Four corneas were immersed in 0.9% sodium chloride for 60 minutes and served as fluorescence controls. The fluorescence signal of each cornea was measured with a spectrophotometer. Statistical significance was determined with Student's t tests and a confidence interval of 95%.

After 30 minutes, there was no difference (P = .22) between superior and inferior riboflavin saturation, whereas a statistically significant (P = .002) gradient of 3.36% was found after 60 minutes (**Figure 1**).

Gravitational influence on the riboflavin distribution was observed only after 60 minutes of vertical positioning. Given that a PACK-CXL treatment typically lasts for 3 to 30 minutes,²⁻⁴ this difference can be considered not clinically relevant. Limitations of this study include a small sample size and the use of porcine instead of human corneas.

REFERENCES

1. Hafezi F, Randleman JB. PACK-CXL: defining CXL for infectious keratitis. *J Refract Surg.* 2014;30:438-439.

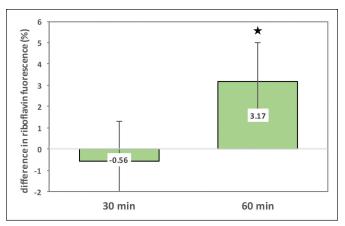


Figure 1. Changes (%) in fluorescence levels along the vertical axis in riboflavin-soaked corneas mounted in a vertical position for 30 and 60 minutes, respectively.

- Iseli HP, Thiel MA, Hafezi F, Kampmeier J, Seiler T. Ultraviolet A/riboflavin corneal cross-linking for infectious keratitis associated with corneal melts. Cornea. 2008;27:590-594.
- 3. Richoz O, Kling S, Hoogewoud F, et al. Antibacterial efficacy of accelerated photoactivated chromophore for keratitiscorneal collagen cross-linking (PACK-CXL). *J Refract Surg*, 2014;30:850-854.
- 4. Said DG, Elalfy MS, Gatzioufas Z, et al. Collagen cross-linking with photoactivated riboflavin (PACK-CXL) for the treatment of advanced infectious keratitis with corneal melting. *Ophthalmology*. 2014;121:1377-1382.
- Whitcher JP, Srinivasan M. Corneal ulceration in the developing world: a silent epidemic. Br J Ophthalmol. 1997;81:622-623

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