

Evaluation of Corneal Structure and Endothelial Morphological Characteristics in Type 2 Diabetic and Non-Diabetic Patients [Letter]

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Dear editor

We read with great interest the article by Beato et al about the evaluation of corneal structure and endothelial morphological characteristics in type 2 diabetic and non-diabetic patients.¹

We would like to congratulate the authors for their impressive paper, because a precise corneal thickness measurement is very important, for example, in evaluating the intraocular pressure² in diabetic patients and we appreciate the authors evaluated the central corneal thickness (CCT) related with the corneal volume, that could better be correlated with eventual endothelial changes.³⁻⁶

However, we would like to make some comments on this article, because in our opinion there are some points that need to be clarified.

In a previous paper, we found that CCT obtained with Topcon SP-3000P was thinner than the measurements obtained with Pentacam, and we proposed a regression formula to make the measurements comparable.⁷ As the authors utilized the same devices, we wonder if they had a similar experience.^{8,9}

Moreover, we read in Table 1 that an important number of the diabetes mellitus (DM) group and not-diabetes mellitus (not-DM) one were affected by systemic hypertension, dyslipidemia and BMI >25 kg/m²; we wonder if the similarity between the two groups could be related to the presence of metabolic syndrome,¹⁰ that probably affected an important number of patients in both groups, and, according to Su et al, is correlated with a greater CCT.

In our opinion, it would be interesting in a future study to compare the CCT and CV in DM and not-DM patients in absence of other factors and diseases that could increase CCT.

Disclosure

The authors report no conflicts of interest in this communication.

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