

Lid Wiper Epitheliopathy in Benign Essential Blepharospasm and Hemifacial Spasm: Cross-Sectional Study

Benign Esansiyel Blefarospazm ve Hemifasiyal Spazmda Kapak Silici Epitelyopati: Kesitsel Çalışma

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To the Editor:

I read with great interest the recently published article on lid wiper epitheliopathy (LWE) in benign essential blepharospasm and hemifacial spasm.¹ The authors have presented very compelling evidence to support the theory that forceful blinking in these conditions contribute to the ocular surface changes of LWE. However, further confirmation could be obtained by evaluating the response of these patients to treatment with either botulinum toxin injections or surgical myectomy. While a previous report of LWE in blepharospasm and hemifacial spasm did show improvement with botulinum toxin, it would be valuable if the authors could confirm that effective treatment of the underlying blepharospasm or hemifacial spasm resulted in improvement of the LWE.²

We have also previously reported that patients with severe refractory filamentary keratitis showed improvement with botulinum toxin A injections.³ While we did not refer to their ocular surface condi-

tion as LWE, we postulated a very similar pathophysiology with forceful eyelid blinking resulting in epithelial injury. We have subsequently been successful in treating patients with superior limbic keratoconjunctivitis with botulinum toxin A injections presuming a similar mechanical etiology.

I appreciate the authors work in this area and am optimistic that greater awareness and understanding of these conditions will lead us to better management outcomes for patients.

Sincerely,

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Conflict of Interest

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bers of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

This study is entirely author's own work and no other author contribution.

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