Editorial

I have been the Instigator and Organizer of the Expert Meeting on the Surgical Management of Keratoconus which has been organized annually just before the European Society of Cataract and Refractive Surgeons (ESCRS) since 2010 in Paris.

Though I am definitely not the greatest expert in the field of keratoconus, I have succeeded in bringing together, year after year, renowned experts in this field from whole over the world. The aim of the meeting has always been to debate and reach a consensus on the surgical management of keratoconus in order to outline a treatment path for less experienced surgeons. These Expert Meetings have turned out to be a success, witness the fact of the ever-growing interest and attendance.

After seven meetings, we must admit that we are still far away from our goal. Though all experts admittedly agree that ultraviolet cross-linking is the appropriate technique to stop the progression of keratoconus, there are still many topics on which we have failed to reach a consensus. There is disagreement on: how to establish the progression of keratoconus, at what moment or age to treat patients, whether all patients younger than 20 should be cross-linked systematically or not, how to prove stability of the cornea after cross-linking, whether it is a good idea to combine TG-laser surface treatments with cross-linking... .

In this edition of the Journal of Keratoconus and Ectatic Corneal Diseases, you will find Michael W Belin's article on: 'Keratoconus ABCD Classification System'. I think it is a step forward in staging/classifying keratoconus and can be a useful tool to be used in the next Expert Meeting.

In my opinion not enough attention is drawn to the nonsurgical visual revalidation of keratoconus patients in adapting mini-scleral contact lenses. This is only possible if surgeons are teamed-up with experienced optometrists, which is done in my practice with increasing success in the last 3 years, but which unfortunately has a negative impact on my surgical volume in keratoconus patients.

On top of that, it seems that not a lot of surgeons master and are able to offer all three most important surgical visual revalidation techniques: (1) topography-guided PRK, (2) intracorneal ring segments and (3) implantation of phakic intraocular lenses.

Within the experts, there is clearly a division in two opposite schools: the supporters of excimer laser revalidation techniques on one side and the supporters of intracorneal ring segments on the other side. Both groups defend and apply their own technique and are blind for each other arguments. There is no agreement on parameters to determine when laser techniques are best indicated or when rings are the adequate solution. I firmly belief that these groups should learn from one another and a lot of work still has to be done to evaluate each separate keratoconus case to sort out what would be the best revalidation technique. Surgeons tend as well to forget that we obtain excellent results in implanting phakic intraocular lenses, especially when the conus is centered and the ametropia and cylinder are high.

That is why I have decided, together with the Journal's editor, Dr Adel Barbara, to launch a quarterly column where controversial cases will be presented and sent to three or four experts to ask for their opinion and treatment path.

The major issue to be tackled during the next Expert Meeting on the Surgical Management of Keratoconus which will be held in Copenhagen, just before the ESCRS in September 2016, is how to make sure that all those experts listen to each other and possibly will consider for adopting each other techniques.

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