

of conventional 'epithelium off' CXL may keep progressing to more advanced keratoconus and its associated complication, e.g., acute hydrops, inability to fit contact lenses, subepithelial scarring, etc., all of which can lead to a significant loss of BCVA and necessitate a corneal transplant. TECXL and CACXL, both simple and cost-effective techniques appear to be efficacious and safe to arrest progression of ectasia in this subset of patients, and may reduce the need for future surgical interventions in these patients.

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