ALL ABOUT THE (CORNEAL) BULGE

Lots of things in life can be said to "bulge"—our weight, our optical sales (let's manifest it), our dry eye procedure conversions—and the cornea (anyone remember the Friends episode where Ross flirts with the pizza girl?). Think back on your experiences managing this condition. How and when did you diagnose it, and was it in the early or late stage of the disease? What screening tools or medical history clues led you to consider the diagnosis? Did you choose to treat the patient with specialty lenses, or try corneal collagen crosslinking?

By now, we are all familiar with keratoconus and the profound effects it can have on our patients' lives. Although the reported prevalence of keratoconus may seem low, with one 2019 retrospective cohort study finding it to be 0.04% in the United States,[1] these numbers wouldn't look remote to you if it were your own eye, your family member's or friend's, or your patient's. As primary eye care providers, our role is to ensure optimal vision and medical eye care for our patients. We know that early detection is key, and the sooner we diagnose a condition and intervene, the better the outcomes.

This issue of *Modern Optometry* addresses the various aspects of keratoconus and corneal ectasia that can help you identify and treat these conditions sooner. Traditionally, the only management options available to us were lifestyle changes (ie, no eye rubbing), glasses and contact lenses, specialty contact lenses, and, finally, full-thickness corneal transplantation. More recently, however, corneal collagen crosslinking changed the treatment paradigm by offering a vision-saving procedure specifically for our patients with this disease.

For best practices diagnosing and managing keratoconus, check out the article by Kriti Bhagat, OD, and Thomas H. Dohlman, MD, on page 28. Although there is only one FDA-approved treatment for keratoconus in epithelium-off crosslinking, there may soon be an epithelium-on version available in the next year, as Mitch Ibach, OD, FAAO, and Sam Rivet, OD, discuss on page 35. And for pearls on managing corneal scarring in the condition, look to Ethin S. Kiekhafer, OD, FAAO, and Jacob R. Lang, OD, FAAO, on page 32 for a robust overview of the mechanisms, diagnosis, and treatment of keratoconus.

There is no reason to wait to refer our patients for treatment of a progressive, blinding condition such as keratoconus. Know the optometrists and ophthalmologists in your area who can provide treatments as indicated. In the end, our patients are the ones who will thank us. ■

1. Singh RB, Parmar UPS, Jhanji V. Prevalence and economic burden of keratoconus in the United States. *Am J Ophthalmol*. 2024;259:71-78.

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