Erratum for “THE RELATIONSHIP BETWEEN PREOPERATIVE ANTERIOR CORNEAL HIGHER ORDER ABERRATIONS AND TOPOGRAPHY-GUIDED EXCIMER ABLATION DEPTH”

The article “The Relationship Between Preoperative Anterior Corneal Higher Order Aberrations and Topography-Guided Excimer Ablation Depth” by Avi Wallerstein, MD; Mathieu Gauvin, BEng, PhD; Mark Cohen, MD, CM, which was published in the August 2020 issue of the Journal of Refractive Surgery (volume 36, number 8, pp. 506-510), has been amended to include a factual correction. An error was identified by the authors subsequent to its original printing. The second to last sentence in the third paragraph of the Discussion should read: “A useful clinical estimate that can be used during treatment planning is that, on average, every 1.0-μm increment of HOA-AD translates into 0.036 μm of additional coma (see the formula in Figure 1D)” instead of “A useful clinical estimate that can be used during treatment planning is that, on average, every 1.5-μm increment of HOA-AD translates into 0.1 μm of additional coma.” Figure 1 has also been updated to reflect the change in the text. The online article and its erratum are considered the version of record.

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Figure 1. (A) Higher order aberration ablation depth (HOA-AD) in relation to the absolute value of the anterior corneal horizontal coma in 46,271 eyes, and linear fitting of this relationship (black line). The Pearson correlation coefficient R and associated P value are given in the text box. (B) HOA-AD in relation to the absolute value of the anterior corneal vertical coma in 46,271 eyes and linear fitting of this relationship. (C) HOA-AD in relation to total root mean square (RMS) anterior corneal coma in 46,271 eyes and linear fitting of this relationship. (D) Total root mean square (RMS) anterior corneal in relation to coma HOA-AD in 46,271 eyes and linear fitting of this relationship.