Age and progression in CXL candidacy

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Corneal cross-linking (CXL) has been shown to be advantageous in arresting the progression of keratoconus. Can it still be beneficial in older, topographically stable patients? Following the 7th International CXL Meeting (www.cxl-congress.com) held in Milan in January of 2011, guidelines emerged that are still being followed by practitioners. These include an indication for CXL in any patient younger than 27 years with ectatic disease. Patients older than 27 years can be monitored for signs of progression prior to referral.

Pediatric patients with keratoconus tend to progress faster and have worse visual impairment, less ability to obtain satisfactory correction, and more comorbidities (such as vernal keratoconjunctivitis). Visual impairment related to keratoconus can affect a child’s development and quality of life. There have been several studies published over the past few years elucidating the benefits of this procedure in pediatric patients (only a few of which are cited here). Most of the previous, large-scale studies on cross-linking have been on adult subjects.

No matter the age of your keratoconus patient, if there is progression, it seems the benefit of collagen cross-linking may be worth the risk. In patients who are stable, topographically and otherwise, it appears age is a consideration in whether CXL treatment should be recommended. Younger patients still have the time and potential to progress, so their benefits over time may outweigh the risks of the CXL procedure. However, older stable patients who are unlikely to progress further may be better served without undergoing the procedure.

References:

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