cases with CTR implant is interesting and worth noting but we feel that more conclusive evidence is needed before the correction factor recommended by the authors can be generalized.

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Available online 13 April 2014

DOI of original article: <http://dx.doi.org/10.1016/j.mjafi.2012.08.029>

0377-1237/\$ – see front matter

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<http://dx.doi.org/10.1016/j.mjafi.2014.03.003>

Reply

Dear Editor,

On behalf of the authors, I thank the readers for deep interest and scholarly analysis of the article. In response to authors concern my reply is as below:

1. The CTR actually makes the anteriorly sagging capsular bag more taut and thus the effective lens position is shifted slightly posteriorly, thus contributing to a hypermetropic shift.
2. The SRK-II formula holds well in such cases as the refractive change in such cases is $\pm 2D$ which does away for the application of advanced formulae like Haigis and Holladay 2.
3. UBM pre and post-op is difficult in these situations as the use of silicon cup for the procedure may cause compression and undue stress on the zonules.
4. It is absolutely correct that Cionni ring is an alternative to the CTR.

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Available online 13 April 2014

DOI of original article: <http://dx.doi.org/10.1016/j.mjafi.2014.03.003>

0377-1237/\$ – see front matter

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<http://dx.doi.org/10.1016/j.mjafi.2014.03.002>