literature review; however, this was due to some differences in the measured outcomes of the 2 studies that we would like to highlight.

The primary and secondary outcomes of the authors′ (Adam et al.)[1] study was not the presence of suture related keratopathy, but rather subjective patient comfort using specific descriptors for discomfort including foreign body sensation, gritty feeling, and pain from the Ocular Surface Disease Index.[2] Meanwhile, there is no mention of patient comfort or suture keratopathy in the outcomes of the article from Samimi et al.[3] Thus, while Samimi et al. had tremendous outcomes of an absence of suture keratopathy using their modified method, it is entirely possible that those patients still could have had subjective discomfort in the absence of corneal abrasion and could have benefitted from a bandage contact lens in the first week after FS surgery. It cannot be said definitively from their study that the patients did not experience foreign body sensation postoperatively, and that sensation would not have been improved with a bandage contact lens (BCL). Additionally, in the authors′ clinical experience performing the FS procedure using both gut and prolene sutures, both groups endorse foreign body sensation in the week postoperatively, despite no objective suture keratopathy.

Since suture keratopathy is still a potential complication of FS surgery given that the original FS technique is still widely performed,[4] that BCL is used for postoperative comfort in many other ocular surgeries,[5,6] and the rate of complications of BCL such as microbial keratitis, transient corneal hypoxia, and displacement into the fornix is low,[7–9] the authors still believe that using a BCL to increase patient satisfaction and comfort after bilateral FS surgery is of great benefit, and these benefits greatly outweigh the risks of using a BCL, even in the absence of true suture keratopathy.

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Re: "Thyroid Eye Disease Following COVID-19 Vaccine in a Patient With a History Graves' Disease: A Case Report"

To the Editor:

We would like to share ideas on the publication "Thyroid Eye Disease Following COVID-19 Vaccine in a Patient With a History Graves' Disease: A Case Report."[1] Rubinstein noted that "the temporal relationship to her vaccination was likely consistent with autoimmune/inflammatory syndrome associated with adjuvants.[1]" Abnormal thyroid is a possible problem following the coronavirus disease 2019 (COVID-19) vaccination. A clear pathogenesis of the problem is still not conclusive. In many reports, there is no history of prevaccination thyroid status of the patient. In the present report by Rubinstein, it is clear that the patient is a known case of Graves' disease, and vaccination might be an aggravating factor. Nevertheless, there are no data on abnormal antibody induced by vaccine in this case. It is usually a question whether an exacerbation after the COVID-19 vaccination is a coincidence or not.[2] Abnormal thyroid function might be laboratory interference[3] or an actual pathology. An effect of adjuvant, as proposed by Rubinstein,[1] might be a pathophysiological process. Also, the increased blood viscosity induced by vaccination is also another possible pathophysiological process.[4] Vaccine can induce significant increase in blood viscosity level,[4] and a very high blood viscosity is associated with exophthalmos at a stable stage of hyperthyroidism.[5]

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Reply re: "Thyroid Eye Disease Following COVID-19 Vaccine in a Patient With a History Graves' Disease: A Case Report"

To the Editor:

I appreciate the comments by Drs. Sriwijitalai and Wiwanitkit to the article "Thyroid Eye Disease Following