Methods. The Baron chamber used in our previous study was adapted to enable corneal buttons to be clamped in place and inflated (by pumping physiological saline into the posterior compartment) to restore their natural curvature. A button diameter of 8 mm or larger was deemed necessary to ensure tissue stability during this process. The next step, obtaining fresh, full-thickness, keratoconus buttons of sufficient diameter, proved to be problematic owing to the increasing popularity of deep anterior lamellar keratoplasty. Therefore, the opportunity arose to examine an 8-mm full-thickness (300-340 µm minus epithelium) keratoconus corneal button with some central scarring and a mean power greater than 51.8 diopters (Figure 1). The tissue was obtained in accordance with the tenets of the Declaration of Helsinki and with full informed consent from a 31-year-old patient at the time of penetrating keratoplasty. Using techniques detailed previously, the corneal button was clamped in the chamber and inflated. The central 6.3-mm region of the button was then flattened by the application cone and a single cut was made at a depth of 150 µm from the surface using an IntraLase 60-kHz femtosecond laser (Abbott Medical Optics Inc), thus splitting the cornea into anterior and posterior sections of roughly equal thickness. Wide-angle x-ray scattering patterns were collected at 0.25-mm intervals over each corneal section (Figure 2). Patterns were collected at fine intervals over each corneal section (Figure 2).
The data were analyzed to form vector plots—the radial extent of which, in any direction, is proportional to the number of fibrils preferentially aligned in that direction. These were assembled, and the larger plots scaled down, to show the predominant orientation of collagen throughout each tissue section.

**Results.** Abnormalities in collagen organization were seen in both the anterior and posterior stroma of the keratoconus cornea (Figure 2), with the most drastic disruption occurring within the region of greatest corneal steepening (Figure 1). In the posterior stroma, the normal orthogonal predominant orientation of collagen was absent; in the anterior stroma, the usual isotropic arrangement of collagen was replaced with more highly aligned unidirectional collagen.

**Comment.** The results indicate that a gross rearrangement of lamellae had occurred in both the anterior and posterior regions of the keratoconus corneal stroma (Figure 2). These findings support our belief that the specific arrangement of stromal collagen plays a significant role in the maintenance of normal corneal curvature.

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**Dacryops of Krause Gland in the Inferior Fornix in a Child**

Dacryops of the accessory lacrimal glands are extremely rare, with only 4 previous cases reported to involve Krause glands in the last 60 years.1-4 Dacryops of Krause glands have not been reported in the inferior fornix. The cause is often unclear, although numerous causes of secondary dacryops are known.1-4

**Report of a Case.** An otherwise healthy 2-year-old girl had a left lower eyelid mass, noted since age 2 months.

**Figure 1.** Findings in a 2-year-old girl. A, Left lower eyelid swelling (asterisk). B, Computed tomographic scan shows the cystic nature of the lesion (G) extending inferiorly, with enophthalmos of the left globe (G).