

EDITORIAL

2017 issue 3 at a glance:

For this issue we have selected from among the valuable research of our colleagues six original articles, one review, five case reports, and a letter to the editor that we believe will engage your interest and contribute to the literature.

Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune disease characterized by synovial joint involvement and various extra-articular signs, and is the most common autoimmune disease to affect the cornea. Anayol et al. evaluated anterior segment parameters and corneal densitometry in 23 consecutive RA patients and 22 healthy subjects using Scheimpflug corneal topography. They reported no difference between the two groups in anterior segment parameters; however, they found that the RA group had significantly higher corneal densitometry values compared to the healthy subjects, despite having clinically clear corneas. They emphasized that corneal densitometry may be important in the clinical evaluation of these patients (see pages 125-129).

Kaya describes the 'ophthoselfie' technique, in which a 90-diopter aspheric lens is attached to the rear camera of a smartphone to allow anyone, whether a medical professional or not, to obtain detailed images of the cornea and anterior segment. He states that the technique may facilitate patients' early recognition of certain conditions such as keratoconus, refraction errors, corneal rejection, and uveitis, and will allow patients to take ocular self-images and share them with a physician in urgent situations (see pages 130-132).

In a study comparing functional and anatomic outcomes of intravitreal aflibercept injection in patients with wet age-related macular degeneration resistant to treatment with intravitreal bevacizumab or ranibizumab, Topal et al. evaluated data from 22 eyes of 22 patients switched to intravitreal aflibercept after lack of treatment response to at least 6 intravitreal bevacizumab or ranibizumab injections and followed for at least 3 months. They report that intravitreal aflibercept resulted in a significant reduction in central retinal thickness, but no statistically significant changes in best corrected visual acuity or the height of serous and fibrovascular pigment epithelium detachments (see pages 133-137).

The internal limiting membrane (ILM) is the basal lamina of the inner retina, formed by Müller cells. ILM peeling has become a key component of the current vitrectomy technique because it significantly increases the closure rate of macular holes (MH). However, this technique can lead to changes such as thinning of the inner retinal layers and dissociated optic nerve fiber layer (DONFL) appearance. Demirel et al. used spectral domain optical coherence tomography (SD-OCT) to evaluate the effect of vitrectomy with ILM peeling on the ganglion cell-inner plexiform layer (GCIPL) in patients with idiopathic MH. Eighteen eyes of 18 patients with unilateral idiopathic MH were operated using the technique and were compared to the unoperated fellow eyes of the patients and 18 eyes of 18 age-matched healthy individuals. The authors concluded that there may be functional changes and/or structural changes apparent on OCT that may be associated with visual acuity and that significant GCIPL thinning and DONFL appearance may occur after ILM peeling (see pages 138-143).

Baz et al. report that 1.25 mg intravitreal bevacizumab therapy administered to 10 patients for subretinal neovascularization due to type 2 juxtafoveal telangiectasia preserved visual acuity and caused the regression of macular edema. The authors emphasize that intravitreal bevacizumab is an effective treatment option for these patients (see pages 144-148).

In their study investigating surgical outcomes and patient satisfaction after interventions for lid malpositions due to facial palsy, Uğurlu and Karakaş retrospectively analyzed the records of 14 female and 21 male patients with follow-up periods ranging from 2 to 60 months. They determined that the most common intervention was gold weight implantation, the postoperative success rate was 90% for upper lid procedures and 75% for lower lid procedures, and lubricant use, lagophthalmos, and keratopathy were significantly reduced postoperatively. They highlighted the importance of individualized therapy based on palsy severity and the accompanying malpositions, as well as long-term follow-up (see pages 149-155).

Nurözler Tabakcı and Ünlü review the efficacy, safety, and therapeutic potential of intravitreal corticosteroids for the treatment of diabetic macular edema, the most common cause of vision loss in diabetic patients, in light of recent literature. They present a detailed discussion of the mechanisms of action, advantages and disadvantages, and side effects of steroids, and address in which cases they should be used (see pages 156-160).

Bozkurt Oflaz et al. share the case of a patient who underwent keratoplasty 6 months earlier and later developed a large keratitis focus in the center of the corneal graft from which *Streptococcus pneumoniae* was isolated in culture. After showing no response to medical therapy for 1 month, the patient was treated with corneal collagen crosslinking (CCC). After this treatment, the patient improved rapidly and showed a significant improvement in visual acuity. The authors state that CCC treatment can be utilized as an adjuvant therapy in cases of bacterial keratitis refractory to medical therapy because it has a bactericidal effect and reduces the risk of perforation (see pages 161-164).

Bingöl Kızıltunç et al. report a 20-year-old female patient presenting with bilateral diffuse lacrimal gland involvement as an initial sign of systemic sarcoidosis. Orbital magnetic resonance imaging revealed involvement of the upper lids and anterior orbit, and bilateral symmetric diffuse enlargement of the lacrimal glands. Definitive diagnosis was established upon lacrimal gland biopsy showing non-necrotizing granulomas and the patient was treated with oral steroids for 9 months. The authors point out that sarcoidosis should be considered in the differential diagnosis of patients with orbital masses, noting that all organs and systems must be screened and therapy should be tailored to the organs and systems involved (see pages 165-168).

Başarrı et al. present the case of patient with history of travel to a tuberculosis-endemic area who presented with unilateral decreased vision. Vitritis, occlusive vasculitis, and granuloma were observed on fundus examination. The patient was diagnosed with tuberculous uveitis after systemic and ocular evaluations and was successfully treated with anti-tuberculous therapy. With this report, the authors aimed to emphasize the importance of taking a detailed history in early diagnosis and treatment and avoiding ocular complications in uveitis patients (see pages 169-173).

Acute retinal necrosis (ARN) is a rapidly progressive condition with poor prognosis, and leads to vision loss in the majority of cases. Rapid diagnosis and early antiviral therapy significantly affect the long-term visual prognosis. Şimşek et al. report a patient presenting with reduced vision and ocular pain who was previously diagnosed with acute glaucoma at another center. They diagnosed the patient with ARN based on clinical findings and were able to completely control the disease by immediately initiating antiviral therapy. They discuss different approaches to the treatment of ARN (see pages 174-179).

Von Hippel-Lindau (VHL) disease is a familial cancer syndrome characterized by benign or malignant tumors and cystic lesions affecting multiple systems. Retinal hemangioblastomas are usually the initial sign of VHL disease and can cause vision loss. In a case report from Şahin Atik et al., ophthalmologic examination of a patient presenting with vision loss revealed multiple retinal hemangioblastomas and genetic analysis confirmed a VHL diagnosis. They discuss their treatment and follow-up of the patient and his family, and stress that identifying retinal hemangioblastomas and determining whether they are related to VHL are crucial steps in the early diagnosis and treatment of life-threatening tumors and complications that may develop in these patients and their families (see pages 180-183).

Finally, we have included a letter to the editor written in response to a previously published article entitled "Spontaneous Resolution of Optic Disc Pit Maculopathy", as well as a response from the authors of that study (see pages 184-185).

Respectfully on behalf of the Editorial Board,
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