

## EDITORIAL

### 2018 Issue 2 at a Glance:

The second issue of 2018 mainly features articles focusing on the retina and ocular surface.

In the first article of the issue, Doğan et al. show that reproducible measurements can be obtained with the Sirius corneal topographer in dry eye patients when the most severe cases (stage 4) are excluded (see pages 57-60).

With increasing awareness of conjunctivochalasis, the efficacy of medical treatment alone has come into question. In their prospective controlled study, Çağlayan et al. showed that electrocauterization led to significant increases in tear meniscus height, tear meniscus area, and tear film break-up time but significant decreases in conjunctivochalasis area and ocular surface disease index. In contrast, the medical treatment group (topical lubrication and nonsteroidal anti-inflammatory therapy) showed a significant change only in ocular surface disease index. Their findings that electrocauterization improves both signs and symptoms while topical drugs provide only symptomatic relief are of clinical significance for our colleagues (see pages 61-65).

Öztaş and Menteş used multimodal imaging to describe the diagnostic features and clinical course of precursor retinal angiomatous proliferation lesions in the asymptomatic eyes of patients diagnosed with age-related macular degeneration (AMD) and receiving anti-vascular endothelial growth factor (VEGF) therapy in the fellow eye. They emphasized the importance of spectral domain optical coherence tomography imaging in diagnosis and the necessity of utilizing eye-tracking mode during follow-up (see pages 66-69).

Seyhan Karatepe et al. determined that the most important factors affecting corrected visual acuity in idiopathic macular hole are the duration, stage, and base diameter of the macular hole, the presence of inner segment/outer segment junction defects, and the size of those defects. As the authors suggest, these parameters will be valuable indicators in prognosis and treatment decisions (see pages 70-74).

Akincioğlu et al. report that epiretinal membrane caused heterogeneous changes in macular anatomy in 45 eyes

of 45 patients who underwent vitreoretinal surgery due to idiopathic epiretinal membrane within a two-year period and were followed-up for a mean of 7 months. They attributed their inability to detect a correlation between visual gain and central macular thickness to this heterogeneity, and therefore suggested that central macular volume may be a better parameter in the follow-up of these patients (see pages 75-80).

The review article in this issue was written by Kaynak et al. They discuss evidence that intravitreal anti-VEGF agents, which allow successful treatment of choroidal neovascularization secondary to AMD, potentially increases the development of geographic atrophy. They point out that a causal relationship between geographic atrophy and neovascular AMD has not been directly demonstrated, and extensively discuss the available evidence concerning the relationship between anti-VEGF therapy and geographic atrophy development (see pages 81-84).

When preparing Descemet membrane grafts for Descemet membrane endothelial keratoplasty (DMEK), large radial tears may make the trephination stage impossible due to insufficient graft diameter. Özmen et al. used these irregular-edged grafts for DMEK in two pseudophakic patients with bullous keratopathy and report reduction of corneal edema without need for air/gas injection to the anterior chamber. Knowing that irregular DMEK grafts do not need to be disposed of but can instead be implanted into the anterior chamber with favorable clinical outcomes should alleviate concerns about this situation, which could confront anyone who performs corneal transplants (see pages 85-88).

In the acute phase, penetrating ocular traumas pose difficulties in the detection of other posterior segment injuries such as retinal detachment and optic nerve avulsion due to eyelid ecchymosis and hematomas and accompanying vitreous hemorrhage. Değirmenci et al. demonstrate that the diligent use of imaging methods in these patients, who pose a major medicolegal risk, enabled the detection of retinal detachment and optic nerve avulsion despite the presence of vitreous hemorrhage after penetrating trauma. In their 11-year-old patient, they illustrate that penetrating ocular

# TURKISH JOURNAL OF OPHTHALMOLOGY



[www.ofthalmoloji.org](http://www.ofthalmoloji.org)

**TJO**

## EDITORIAL

trauma due to impact with a hard object can result in both penetrating and blunt force injury (see pages 89-91).

Olfactory neuroblastoma, which is a neuroectodermal tumor of the nasal cavity, is also capable of orbital invasion. Kartı et al. report the case of a 62-year-old woman with a history of proptosis and visual impairment in the left eye and demonstrate the importance of awareness of this malignancy, as some of these patients may present with ophthalmic findings such as external ophthalmoplegia, proptosis, or compressive optic neuropathy (see pages 92-94).

Although rare, Stickler's syndrome is the most common hereditary cause of rhegmatogenous retinal detachment. Öztürk et al. present a 17-year-old female patient with chronic severe retinal detachment due to Stickler's syndrome and report achieving effective and reliable results with scleral buckling in one eye and pars plana vitrectomy in the other eye during 3 years of follow-up (see pages 95-98).

**Respectfully on behalf of the Editorial Board,  
Sait Eğrilmez, MD**