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EDITORIAL

2016 issue 5 at a glance;

This issue includes six original articles, a review, and five case reports concerning various ocular segments which we believe will make valuable contributions to our national and international knowledge base.

The small-incision lenticule extraction (SMILE) procedure is a relatively new development in refractive surgery and has been introduced into practice in some Turkish centers in recent years. In SMILE, an intrastromal lenticule is created with a femtosecond laser and manually removed through a small peripheral incision. Yıldırım et al. evaluated the 2-year results of SMILE performed in 45 high-myopic eyes with refractive errors of over 6 diopters (D). They found that the mean postoperative spheric equivalent was -0.30±0.50 D and that visual acuity of 20/20 or better was achieved in 86% of the eyes. Only 2% of the patients lost one line in corrected visual acuity, while a moderate increase in corneal high-order aberrations was observed. These results suggest that SMILE is a safe and effective refractive surgical procedure (see pages 200-204).

Posterior capsular opacification is the most common complication after pediatric cataract surgery, and its incidence increases with younger age. It is therefore recommended to perform posterior capsulotomy and anterior vitrectomy in the same surgical session as cataract extraction. Batur et al. retrospectively evaluated preschool- and school-age children (4-12 years old) who underwent cataract surgery without posterior capsulotomy and reported that 21 of 30 eyes developed posterior capsular opacification and 15 (50%) required Nd:YAG laser capsulotomy. Due to the high incidence of posterior capsular opacification, the authors advise performing posterior capsulotomy and anterior vitrectomy in the same surgical session as cataract extraction (see pages 205-208).

Retinopathy of prematurity (ROP) is a proliferative vitreoretinopathy arising from the avascular retina which occurs primarily in premature neonates with low gestational age and birth weight. Currently, the most effective and reliable treatment for ROP is laser photocoagulation of the avascular retinal field. Şekeroğlu et al. applied bedside laser photocoagulation under remifentanil analgesia to 195 eyes of 99 premature infants and achieved good anatomic results in 96.9% of the eyes after one year. Other than minor lens and corneal opacities after laser application (in 3 patients), no anterior segment complications were observed; 3 patients required repeat laser therapy, and 6 eyes of 6 patients required vitreoretinal surgery due to retinal detachment. The authors identified aggressive posterior ROP, delayed laser treatment (stage 4a), tunica vasculosa lentis prior to treatment, and iris vascular dilation/tortuosity as significant risk factors for unfavorable anatomic outcomes (see pages 209-214).

Peripheral exudative hemorrhagic chorioretinopathy (PEHC) is a disease of the peripheral retina that emerges with advancing age and is frequently mistaken for an intraocular mass. In their retrospective evaluation of 21 eyes of 12 patients with PEHC, Cebeci et al. observed subretinal hemorrhage and hemorrhagic/serous retinal pigment epithelium detachment (71.4%), lipid exudation (52.4%), chronic retinal pigment epithelium alterations (23.8%), subretinal fibrosis (9.5%) and intravitreal hemorrhage (4.8%) localized to the temporal quadrant. Half of the patients exhibited findings of age-related macular degeneration (AMD) such as drusen, geographic atrophy and choroidal neovascularization. Patients whose peripheral lesions did not threaten the macula were followed without treatment and their lesions showed no progression. The authors concluded that PEHC patients should be followed closely and examined regularly for sight-threatening macular pathologies (see pages 215-220).

Diabetic retinopathy (DR) is among the foremost causes of vision loss among working-age adults in developed countries. Alagöz et al. evaluated the efficacy of intravitreal bevacizumab (IVB) therapy in patients with vitreous hemorrhage associated with proliferative diabetic retinopathy. Panretinal photocoagulation was able to be performed within the first month in 86% of eyes treated with IVB, compared to 58% of eyes that were not treated with IVB (p=0.016). Fewer patients from the IVB group required surgery (see pages 221-225).

Coats' disease is a nonhereditary disease characterized by retinal capillary telangiectasia, arterial aneurysms, exudation and exudative retinal detachment. The condition is generally unilateral and is more prevalent in male children. Cebeci et al. observed in their retrospective analysis that of 27 patients diagnosed with Coats' disease, most were referred with an initial diagnosis of intraocular tumor and the most common symptoms were low vision, strabismus and leukocoria. The patients were treated with therapies such as laser photocoagulation, cryotherapy, intravitreal injections (bevacizumab, triamcinolone acetonide) and intravitreal dexamethasone implants either alone or in combination, as well as surgical interventions like scleral buckling and pars plana vitrectomy; some eyes that developed neovascular glaucoma and phthisis were enucleated. The authors' main objective was to avoid vascular anomalies and their associated complications through repeated combined therapies. Treatment in the early stages can increase functional success, while treatment in advanced stages may be beneficial in preserving the eye (see pages 226-231).

For this issue, Tuğcu and Özdemir reviewed the literature regarding imaging methods used in the diagnosis of optic disk drusen (ODD), which may be encountered with optic nerve edema. With imaging tests such as B-scan ultrasonography, fundus fluorescein angiography, computed tomography, fundus autofluorescence as well as the recently developed technology of optical coherence tomography, it is possible to examine in detail the structure and location of ODD and quantitatively follow changes over time (see pages 232-236).

In this issue's first case report, Şimşek et al. report the clinical findings and treatment of a 13-year-old female patient with pupillary block and angle-closure glaucoma due to a small, spherical crystalline lens and discuss the case together with the literature. For cases in which medical antiglaucomatous therapy and laser iridotomy are ineffective, clear lens extraction with or without goniosynechiolysis, filtering surgery and shunt surgery may be applied (see pages 237-240).

Lyme disease is an infectious disease caused by Borrelia burgdorferii transmitted by arthropod vectors. Ocular involvement can feature conjunctivitis, episcleritis, uveitis, neuroretinitis, retinal vasculitis and cranial nerve paralysis. In their case report, Müftüoğlu et al. discuss a Lyme patient with peripheral retinal vasculitis and intermediate uveitis as well as multifocal white dots in the posterior pole. Though rare, Lyme disease should be considered in the differential diagnosis of white dot syndromes (see pages 241-243).

Aktaş et al. present a case of idiopathic, isolated cilioretinal artery occlusion in a 26-year-old male patient. After 20 sessions of hyperbaric oxygen (HBO) therapy, the patient's retinal edema had regressed, fundus fluorescein angiography showed recanalization of the cilioretinal artery, the inferior hemivisual field defect on computerized visual field testing had substantially decreased, and his visual acuity improved to 20/20 (see pages 244-247).

Ticks act as vectors of many disease agents and can transmit the potentially deadly Crimean Congo Hemorrhagic Fever. Infestation of ocular tissues by ticks is a rare occurrence. In their case report discussing the diagnosis and treatment of two patients with tick infestation of the eyelid, Uzun et al. state that mechanically removing the tick as a whole using blunt-tipped forceps is a safe and effective treatment approach (see pages 248-250).

Finally, Marangoz et al. discuss a patient who presented with a painless mass in the medial left upper eyelid. Orbital magnetic resonance imaging with contrast revealed a nonenhancing, smooth-bordered cystic mass lesion. The mass was completely excised preserving the capsule and was later diagnosed by pathologic examination as eccrine hidrocystoma (see pages 251-254).

Respectfully on behalf of the Editorial Board,
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