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EDITORIAL

2018 Issue 1 at a Glance:

For this issue we have selected from among the valuable research of our colleagues six original articles, one review, and four case reports that we believe offer interesting contributions to the literature.

Pediatric cataract surgery presents unique challenges compared to adult cataract surgery. Based on advances in surgical techniques, an increasing number of ophthalmologists have preferred primary intraocular lens (IOL) implantation in the treatment of aphakia in recent years. However, the youngest age at which children should receive IOL implants remains controversial. Demirkılınç Biler et al.'s retrospective study of 101 eyes of 65 patients aged 2-16 years who underwent cataract surgery with primary IOL implantation showed that this technique yielded good visual outcomes, even in patients with monocular sensory strabismus and nystagmus. They observed optic axis opacities as the most common postoperative complication and emphasized that a myopic shift is inevitable and more pronounced in younger age groups (see pages 1-5).

Yıldırım Karabağ et al. evaluated the visual results of patients who underwent multifocal IOL implantation with the "mix and match" approach in cataract surgery. Twenty patients received a refractive multifocal IOL (ReZoom NXG1) in the dominant eye and a diffractive multifocal IOL (Tecnis ZMA00) in the non-dominant eye. The authors concluded that in the selected cataract patients, this combination of the complementary features of different multifocal IOLs offers excellent visual results, high patient satisfaction, and spectacle independence (see pages 6-14).

Palamar et al. investigated the long-term efficacy and results of reconstruction with amniotic membrane transplantation in conjunctival melanoma surgery. In their study, 10 patients (5 female, 5 male) underwent total excision of conjunctival melanoma with cryotherapy to the surgical margins. Additionally, corneal epithelectomy with absolute alcohol was performed in eyes with corneal involvement, and those with scleral involvement underwent lamellar sclerectomy and ocular surface grafting with cryopreserved amniotic membrane. They report that this technique is safe and effective, causes mild complications, and allows surgeons to excise wider tumor margins (see pages 15-18).

The purpose of a modern cataract surgeon is, in most cases, to place an artificial lens into the capsular sac. Rarely, cataract surgery results in aphakia due to intraoperative complications. Aphakia can lead to aphakic glaucoma as a result of complex mechanical and biochemical changes in the vitreous and anterior segment structures. Eksioğlu et al. evaluated characteristics and clinical course of glaucoma in adults who were aphakic after complicated cataract surgery. They retrospectively reviewed 29 aphakic eyes of 22 patients and report that although glaucoma medications can effectively reduce intraocular pressure, glaucomatous disc changes may still progress, especially in patients with advanced disease. Therefore, they concluded that aphakic patients with suspected glaucoma should be referred to a glaucoma specialist without delay (see pages 19-22).

Duman et al. included 65 patients over the age of 5 years who had anisometropia and unilateral amblyopia in their study, and found that 27 of them also had strabismus. They evaluated depth of amblyopia, degree of anisometropia, and binocular vision function in the anisometropic patients with and without strabismus. They observed that increasing degree of anisometropia was associated with higher risk of developing strabismus and that patients with coexistent anisometropia and strabismus exhibit deeper amblyopia. They emphasized that patients with severe anisometropia should be monitored carefully for strabismus (see pages 23-26).

Yıldırım et al. conducted a study to determine the medical expenses associated with treating exudative age-related macular degeneration (AMD) compared to the degree of preserved or increased vision. They retrospectively reviewed data pertaining to 200 eyes of 175 wet AMD patients who were treated with only intravitreal ranibizumab for at least 2 years and underwent no other ocular surgeries during the study period. Their study revealed that 2 years of AMD treatment cost an average of 9,628 TL in medical expenses, that VA was preserved at the end of 2 years compared to initial levels, and that patients who improved with treatment in the first year spent less in the second year (see pages 27-32).

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Degenerative retinal diseases are among the most important causes of irreversible vision loss, and stem cell transplantation studies aiming to improve visual function in these diseases have gained momentum in recent years. A review by Ayşe Öner shares general information about stem cells and evaluates the results of recent experimental and clinical studies concerning their use in the treatment of retinal diseases (see pages 33-38).

Solmaz et al. share the results of examination, testing, and treatment of a 12-year-old girl referred to their clinic with refractory unilateral conjunctivitis, reminding us that primary tuberculous conjunctivitis should be considered in the differential diagnosis of treatment-resistant unilateral conjunctivitis. They also emphasized that microbiological and histopathological examination of both the conjunctiva and regional lymph nodes are necessary for definite diagnosis (see pages 39-41).

Kocaoğlu et al. describe a 67-year-old male who developed orbital apex syndrome, a rare complication of herpes zoster ophthalmicus (HZO), during the second week of treatment. Orbital magnetic resonance imaging at the apex showed non-mass-like enhancement, and cranial magnetic resonance venography revealed venous thrombosis in the transverse sinus, supporting the clinical diagnosis. Ophthalmoplegia completely resolved at 2 months with systemic steroid and antiviral therapies. However, vision loss associated with optic neuropathy could not be prevented. The authors emphasized that patients with a history of HZO should be evaluated for optic nerve, extraocular muscle, and eyelid function at every follow-up examination (see pages 42-46).

Goldmann-Favre syndrome (GFS) is a progressive, autosomal recessive, phenotypically variable retinal degenerative condition that develops due to a mutation in the NR2E3 gene, which is involved in the regulation of cone cell differentiation. In their report, Özateş et al. present the examination findings and clinical characteristics in 5 clinically distinct cases of GFS along with a review of the relevant literature (see pages 47-51).

Congenital retinal macrovessel is a rare vascular pathology. It is usually unilateral and comprises a large branch of the retinal artery or vein. The condition is often detected incidentally. Gülpamuk et al. reported three cases of retinal macrovessels in patients ranging in age from 6 to 16 years, with one also accompanied by a cilioretinal artery. The authors recommended following such patients regularly due to the possibility of developing pathologies that reduce vision (see pages 52-55).

Respectfully on behalf of the Editorial Board,
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