

2018 Issue 3 at a Glance:

For this issue, we have selected five original articles, a review, four case reports, and a letter to the editor representing the research being conducted by ophthalmologists from Turkey and many other countries within the universal rules and principles of science in the service of human health.

The first original study in this issue is by Huseynli and Abdulliyeva from Baku, Azerbaijan. The authors analyzed the keratometric, topometric, and pachymetric properties of early keratoconic corneas in a Caucasian population using Scheimpflug camera imaging parameters and investigated the utility of different indices to distinguish subclinical keratoconus (ScKC) and keratoconus (KC) eyes from normal eyes. Their results show that Scheimpflug tomography parameters effectively distinguish KC from normal corneas in white subjects, while a combination of different data is necessary to differentiate ScKC (see pages 99-108).

Pseudoexfoliation syndrome (PEX) is a disease involving the basement membrane and is characterized by age-related, progressive accumulation of fibrillar material in various ocular and extraocular tissues. Most patients with PEX develop pseudoexfoliation glaucoma (PEG). Ersöz et al. analyzed the optic nerve heads of PEG patients and healthy volunteers using enhanced depth imaging spectral domain optical coherence tomography (EDI SD-OCT) and assessed associations between disease severity and prelaminar tissue and lamina cribrosa thickness measurements. The authors reported that prelaminar tissue thinning was associated with the presence of PEG but not with glaucoma severity, while lamina cribrosa thickness significantly correlated with PEG severity and progression (see pages 109-114).

Glaucoma is a global public health problem and the second commonest cause of blindness worldwide after cataract. Because it is usually asymptomatic in the early stages, many patients do not realize they have glaucoma until the onset of vision loss. The treatment of diagnosed patients is also an important link in controlling glaucoma. Demirtaş et al. developed a tool called the Glaucoma Knowledge Level Questionnaire, conducted validity and reliability studies for the scale, and are presenting it for use by scientists in our

country as a starting point to increase public knowledge of glaucoma and thereby prevent vision loss and reduced quality of life due to glaucoma (see pages 115-121).

Bozkurt Oflaz et al. conducted a study evaluating the correlation between cataract surgery simulator performance and practical experience to assess the value of simulation devices in surgical training. They determined that the results of simulated surgery were consistent with real-life experience and that repeated practice improved performance. The authors concluded that training with simulators is ideal for physicians to increase their self-confidence before real surgeries and to prevent possible complications (see pages 122-126).

Bayraktar et al. evaluated the results of phacoemulsification and posterior chamber intraocular lens implantation in six patients with radiation cataract after undergoing radiotherapy for retinoblastoma. Two patients developed iridocyclitis which responded to treatment and all patients developed posterior capsular opacification. However, all patients had a better final visual acuity compared to preoperative visual acuity, and none exhibited late intraocular recurrence, orbital tumor, systemic metastasis, or secondary cancer. The authors concluded that surgical intervention done after ensuring retinoblastoma control with treatment and waiting at least nine months is safe in terms of tumor recurrence (see pages 127-131).

The esteemed Turkish scientists Türkan Eldem, MD and Bora Eldem, MD have penned this issue's review entitled "Ocular Drug, Gene, and Cellular Delivery Systems and Advanced Therapeutic Medicinal Products", which provides comprehensive and useful information about the basic features, current technological advances, and legal regulations pertaining to various ocular delivery systems and more complex high-risk advanced therapies involving gene or cellular systems, that have been designed to increase the absorption and decrease the metabolism and elimination of drugs, prolong residence time in ocular tissues and compartments, and overcome ocular barriers (see pages 132-141).

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EDITORIAL

Özbek-Uzman et al. reported a case of late *Candida parapsilosis* fungal keratitis after crescentic lamellar wedge resection for pellucid marginal degeneration. Despite controlling the infection with medical treatment, the patient experienced recurrent infectious episodes and cataract development, which the authors attributed to lens capsule damage and inoculation of the lens with microorganism during injection of antifungal drug. However, they reported achieving good visual acuity in this challenging case with patience and diligent medical and surgical treatment including cataract surgery, amphotericin B administration to the anterior chamber, and corneal cross-linking (see pages 142-145).

Yaşar et al. presented a case of urticaria following the use of nepafenac (Nevanac 0.1%, Alcon), an ophthalmic nonsteroidal anti-inflammatory (NSAI) solution. The authors noted that although the ocular side effects of topical NSAI drugs are known, such a systemic allergic reaction has not been reported previously. Therefore, they emphasized the need for ophthalmologists to keep the possibility of urticaria in mind when prescribing nepafenac, and asserted that their report contributes to the literature the first documented case of urticaria as a side effect of ophthalmic nepafenac use (see pages 146-149).

Visualization of changes secondary to ischemia using optical coherence tomography angiography (OCTA) may

be a non-invasive alternative in the diagnosis and follow-up of acute retinal artery branch occlusion. Çelik et al. reported a patient with acute retinal artery branch occlusion who was followed using OCTA, demonstrating that OCTA can facilitate the diagnosis and follow-up of patients with contraindications for fluorescein angiography such as chronic kidney disease (see pages 150-154).

In another case report, Alfaqawi et al. described a patient with refractory cystoid macular edema (CME), which can develop after successful retinal detachment repair and is notoriously difficult to treat. They initially gave repeated intravitreal triamcinolone injections and intravitreal dexamethasone implants to manage the CME, but later switched to an intravitreal steroid fluocinolone acetonide implant (ILUVIEN) due to recurrence. They reported that this treatment resulted in the maintenance of a nonexudative macula and improvement in visual acuity (see pages 155-157).

Finally, we have included a letter to the editor sent by Indiran et al. of India that raises awareness of magnetic resonance imaging (MRI) artifacts and the practical problems they cause. They reported a case in which eye cosmetics caused an MRI artifact that mimicked a ciliary body tumor (see pages 158-159).

**Respectfully on behalf of the Editorial Board,
Tomris Şengör, MD**