

EDITORIAL

2019 Issue 5 at a Glance:

This issue of our journal includes six original research articles, one review, and four case reports on various topics related to ocular health, objectively investigated by scientists from Turkey and abroad, that offer valuable contributions to our knowledge base.

The first original article in our journal presents initial 6-month outcomes of Descemet membrane endothelial keratoplasty (DMEK) in 100 eyes diagnosed with pseudophakic bullous keratopathy (PBK) and Fuchs endothelial dystrophy (FED). Based on changes in best corrected visual acuity (BCVA) and donor corneal endothelial cell density (ECD) values, the study showed that different donor tissue preparation techniques for DMEK were equally effective and that a staged or combined approach could be used in eyes with FED and cataract with comparable results. The authors emphasized that the results are promising for both FED and PBK patients and expressed pride in reporting the first results from Turkey (see pages 235-242).

The second article of this issue examines the effect of phacoemulsification surgery and intraocular lens implantation on functional balance in adults. The authors report that the significant improvement in visual acuity following cataract surgery enhances patients' functional balance and enables them to move more comfortably and confidently, thereby increasing their quality of life (see pages 243-249).

A study by Hasanreisoglu et al. evaluating the long-term results of intravitreal dexamethasone implant (DEX) in eyes with noninfectious uveitis demonstrated that this treatment can facilitate overall disease control by suppressing ocular inflammation locally without modifying patients' systemic immunomodulatory therapy. The authors also highlight the importance of monitoring patients receiving multiple injections for IOP increase and cataract progression (see pages 250-257).

In another original study, Karaçorlu et al. retrospectively evaluated neovascular age-related macular degeneration (nAMD) patients treated with a newly described "risk-based algorithm-guided treatment protocol" that is individualized according to the patient's lesion characteristics and visual acuity of the fellow eye, and reported achieving similar visual outcomes with fewer

injections compared to other established treatment regimens (see pages 258-269).

In patients with conditions affecting the anterior and posterior segments secondary to ocular traumas, problems such as edema, distortion, and scarring may reduce corneal transparency and interfere with visualization of the posterior segment during pars plana vitrectomy (PPV). While such cases were considered inoperable in the past, favorable outcomes can now be attained using temporary keratoprostheses. Mayalı et al. evaluated the efficacy of combined PPV and penetrating keratoplasty (PK) surgery with the Landers wide-angle temporary keratoprosthesis, and concluded that the combined procedure performed using this device provides a good opportunity to preserve remaining vision and achieve anatomical reconstruction in patients with severe anterior and posterior segment injuries (see pages 270-276).

In patients with dislocated crystalline lens or intraocular lens (IOL) due to lack of intraoperative capsule and zonular support, the choice of secondary IOL to be implanted is also important. In addition, previous vitrectomy in the eye also adds a new dimension to the issue. In their study aiming to answer this question, Ersöz et al. determined that simultaneous dislocated IOL extraction and secondary iris-claw IOL implantation is a fast and safe procedure in vitrectomized eyes, as in non-vitrectomized eyes (see pages 277-282).

In this issue's review entitled "The Management of Uveitic Glaucoma in Children", Kalogeropoulos et al. discuss the current literature on the treatment of uveitic glaucoma in pediatric patients. The authors note that the management of uveitic glaucoma in children is extremely challenging due to the underlying uveitis and the different response to surgery shown by pediatric patients, and emphasize that treating uveitic glaucoma requires a comprehensive and individualized approach including both pharmacotherapeutic and surgical methods. The authors also highlight the fact that although the prognosis of pediatric uveitic glaucoma has improved significantly in recent years, further research into the important issues of increasing surgical success rates and reducing complications is still warranted (see pages 283-293).

Shirvani et al. present the case of an immunocompetent woman with endogenous *Candida* endophthalmitis following trans-

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urethral lithotripsy. They note that while this condition is usually seen in patients with serious underlying risk factors, it can also occur in an immunocompetent patient, and early diagnosis and timely treatment can provide better visual prognosis (see pages 294-296).

Balcı et al. reported a patient with syphilis whose initial and only presenting sign was unilateral intermediate uveitis, with no other dermatological, neurological, or systemic involvement, reminding us that syphilis can have various ocular manifestations and should be considered in patients presenting with ocular inflammatory conditions that cannot be explained with history and systemic evaluation (see pages 297-299).

Optic disc drusen is an important clinical entity that can be confused with true papilledema because it causes disc elevation and blurring of the margins. Biçer and Atilla diagnosed optic disc drusen in a 17-year-old male who presented with headaches and exhibited bilateral optic disc elevation and blurred margins on fundus examination, and report that optical coherence tomography angiography (OCTA) also facilitated

diagnosis in addition to B-mode ultrasonography and fundus autofluorescence imaging. They also state that OCTA evaluation may play an important role in the early detection of potential ischemic complications. (See pages 300-304)

In the final case report of this issue of our journal, McElnea et al. describe a 78-year-old white woman who presented with pain and difficult abduction in her right eye. Computed tomography and MRI of her right eye revealed a mass lesion consistent with metastatic melanoma and involving the medial rectus muscle. Following biopsy of the right medial rectus, the lesion was histopathologically diagnosed as metastatic melanoma. The patient had undergone orbital exenteration of her left eye 12 years earlier due to choroidal melanoma, and the authors stated that with this history, atypically located uveal melanoma metastasis may indicate systemic disease and recurrence. (See pages 305-309)

Respectfully on behalf of the Editorial Board,

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