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EDITORIAL

2020 Issue 3 at a Glance:

This issue of our journal features 6 original studies, 1 review, and 4 case reports, as well as a letter to editor and response. We believe that these articles, which have been prepared and presented in light of the basic principles of science and the value of sharing information, will make important contributions to your knowledge repertoire.

The first original article of this issue aimed to compare asphericity and higher-order aberration (HOA) outcomes after single-stage transepithelial photorefractive keratectomy (tPRK) and conventional alcohol-assisted FRK (aaPRK) in patients with myopia and myopic astigmatism. Özülken and İlhan evaluated 108 eyes of 54 patients, 27 of whom underwent tFRK and the other 27 of whom underwent aFRK, according to patient preference. They reported that aaPRK yielded better results in terms of the aberration coefficient value, which is affected by all HOAs, while postoperative best corrected visual acuity, spherical equivalent, asphericity, and HOA values were similar with both methods (see pages 127-132).

In an original article from India, Garg et al. share their investigation of the incidence and risk factors of dry eye in patients undergoing cataract surgery. They report that dry eye was quite common after cataract surgery and was nearly independent of variables such as demographic and anthropometric profile, type of surgical intervention, duration of microscope light exposure, and amount of energy used. On a positive note, they stated that dry eye signs and symptoms were generally temporary in these patients, but they also emphasized that longer follow-up studies are needed to determine the timeframe of resolution (see pages 133-142).

In another original article, Eroğlu et al. shared the results of their study on the role of heredity and the prevalence of consanguineous marriage among the relatives of patients with accommodative, partial accommodative, and infantile esotropia. The authors reported that sporadic and non-Mendelian inheritance patterns were more common than autosomal recessive inheritance patterns in these types of deviations, and the frequency of strabismus and microtropias were higher among the relatives of esotropia patients compared to the general population (see pages 143-150).

Nalcı et al. investigated the effects of upper lid blepharoplasty on contrast sensitivity in patients with dermatochalasis and found that their contrast sensitivity at high spatial frequency increased significantly. In their conclusion, they speculated that in light of these objective data, blepharoplasty may have an additional functional indication in older patients (see pages 151-155).

Özcan et al. retrospectively analyzed the early results, side effects, and risk factors for radiation retinopathy in uveal melanoma patients who underwent stereotactic radiosurgery using the CyberKnife device with image-guided non-invasive fixation. They determined that this treatment is an effective method having a safe adverse-effect profile and can be considered among the eye-preserving therapies for uveal melanoma (see pages 156-162).

Diabetic macular edema (DME) is the most common cause of diabetes-related vision loss; therefore, diagnosis and monitoring treatment response are essential. Optical coherence tomography (OCT) enables the objective evaluation of DME and provides valuable information for the detection of serous macular detachment (SD) and vitreoretinal interface pathologies. In their OCT study of patients who will start anti-VEGF therapy due to DME, Eraslan et al. concluded that the presence of SD with DME increases the need for treatment but was not associated with final visual acuity. In addition, they stated that ellipsoid zone irregularity, disorganization of the retinal inner layers, and presence of epiretinal membrane detected on OCT were factors that adversely affected visual acuity (see pages 163-168).

The subject of this issue's review article, written by Pınar Çakar Özdal, is current approaches to the diagnosis and treatment of Behçet's uveitis, which is the leading cause of noninfectious uveitis in Turkey. The article includes valuable information about Behçet's uveitis, and because this disease is more common in young adults and is potentially blinding, it is emphasized that early diagnosis and aggressive treatment with immunomodulator and biological agents when necessary are the main factors in improving visual prognosis (see pages 169-182).

Mucopolysaccharidoses are a group of diseases caused by hereditary lysosomal enzyme deficiencies, resulting in widespread intracellular and extracellular accumulation of

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glycosaminoglycans. In their case report evaluating the *in vivo* confocal microscopy and anterior segment OCT findings of 2 patients with mucopolysaccharidosis, Karaküçük et al. report that using these imaging technologies will make useful contributions to our current knowledge regarding the identification of disease-related macroscopic and microscopic corneal changes (see pages 183-186).

Another case report in this issue concerns unilateral retinal pigment epithelial dysgenesis (URPED), which is a very rare clinical condition. Berrak Şekeryapan Gediz states that the aim of this interesting case report was to inform about URPED, which causes vision loss in young people in particular, and the type 2 neovascularization secondary to it (see pages 187-189).

Gediz and Şekeroğlu also refresh our knowledge with another rare case report presenting multiple optic disc anomalies associated with fovea plana and emphasize that the use of multimodal imaging methods facilitates the identification of rare anomalies (see pages 190-192).

A case report from Kıyat et al. draws attention to paracentral acute middle maculopathy, which is a variant of acute macular neuroretinopathy whose etiology is believed to involve retinal ischemia caused by vasopressor exposure or systemic diseases that cause microvascular retinopathy. The authors report that demonstration of a band of hyperreflectivity in the inner nuclear and outer plexiform layers on spectral domain OCT is important in the detection and differential diagnosis of this clinical entity, but they also emphasized the need to support the diagnosis with multimodal imaging (see pages 193-196).

In a Letter to the Editor, Beuy and Wiwanitkit share their views on an article entitled "The COVID-19 Pandemic: Clinical Information for Ophthalmologists", published in the previous issue of our journal. The authors state that the general approach to ophthalmology practice during the COVID-19 outbreak is similar worldwide and that ophthalmologists have a consensus regarding their occupational risk of contracting COVID-19. However, they claim that there have been no reports of ophthalmologists infected with COVID-19, discuss the possible reasons for this, and conclude by emphasizing the universal protective measures that must be taken (see page 197).

In response to the Letter to the Editor, Bozkurt et al. pointed out that Li Wenliang, who was the first to recognize and raise the alarm about COVID-19, was an ophthalmologist working in Wuhan and lost his life after contracting the disease through contact with a glaucoma patient. In addition, according to the article entitled "Symptomatic COVID-19 in Eye Professionals in Wuhan, China" and data from the same region obtained from the China Red Cross Foundation and Wuhan Health Commission, the estimated COVID-19 incidence is similar in ophthalmologists and other health workers. The authors stated that based on these findings, they could not say that the disease is rare among ophthalmologists or that ophthalmology practice involves less risk than other medical services. However, the common point is that measures to protect ophthalmologists, other health workers, and patients are universally similar and essential (see pages 198-199).

Respectfully on behalf of the Editorial Board,

Tomris Şengör, MD