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EDITORIAL

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Dear readers,

This issue includes six original research articles, three case reports and a review chosen from among the valuable research being conducted by the ophthalmologic community of Turkey. We believe the contents will benefit our readers and contribute to the field nationally and internationally.

Photorefractive keratectomy (PRK) and small-incision lenticule extraction (SMILE) are two flapless refractive surgical techniques used to treat myopia. In their retrospective study, Yıldırım et al. investigated changes in corneal biomechanical characteristics after PRK (22 patients) and SMILE (23 patients) for low and medium myopia. They report that both procedures resulted in lower corneal biomechanical strength at postoperative 6 months, with a more pronounced change in SMILE patients. It was emphasized that this effect is associated with the amount of stromal tissue removed and amount of refractive error corrected (see pages 47-51).

In a retrospective analysis of clinical and demographic characteristics of Fuchs' uveitic syndrome (FUS) in the Turkish population, Nalçacıoğlu et al. found the most common complaints at presentation were declining visual acuity or blurred vision and floaters. Findings at presentation included small round white keratic precipitates (KP), anterior chamber reaction, various degrees of vitreous cells, heterochromia and iris nodules. Elevated intraocular pressure was observed in 18.1% of eyes, and the most frequent complication was cataract, seen in 52% of eyes. The authors emphasized that in their series, typical KP, low-grade anterior chamber reaction and variable viteous reaction were observed more often than heterochromia and were more diagnostically useful clinical findings (see pages 52-57).

Güngör et al. investigated retinal nerve fiber layer (RNFL) thickness in three optic nerve head (ONH) size groups as determined by optical coherence tomography (OCT). The study included 253 eyes of 253 healthy patients classified as having small, medium or large ONH. Siginifcant differences between the groups emerged in superior (p=0.008), inferior (p=0.004) and average (p=0.001) RNFL thickness, and ONH size weakly positively correlated with inferior and average RNFL thickness (r=0.150, p=0.017 and p=0.157, p=0.013, respectively). They suggest that these correlations may be due to the variable distance between the ONH margins and the measurement circle in ONH of different sizes (see pages 58-61).

Ophthalmologic findings may arise in acute leukemia patients either as a result of primary leukemic infiltration or secondary to disease and treatment. Orhan et al. determined the incidence of ocular findings in children with acute leukemia among a total of 120 patients, 83 (69.2%) with acute lymphoblastic leukemia (ALL), 35 (29.1%) with acute myeloblastic leukemia (AML), and 2 (1.7%) with mixed leukemia. They observed ophthalmologic findings in 41 (34.2%) of the patients, 12 at the time of leukemia diagnosis and 46 during treatment and follow-up. The incidence of ocular findings increased with age and was higher in AML than in ALL patients (see pages 62-67).

Tunay et al. included 150 partially-sighted children between the ages of 6 and 18 in their study aiming to determine the diagnostic distribution and clinical characteristics of school-aged children presenting for low vision rehabilitation, share the low vision rehabilitation methods applied and emphasize the importance of referring partially-sighted children to low vision rehabilitation. Hereditary visual impairment was the most common diagnosis with 36%, with cortical visual impairment accounting for 18% of this group. The most commonly used low vision aids were telescopic glasses for distance (91.3%), and magnifiers (38.7%) and telemicroscopic systems (26.0%) for near. Significant improvements in vision level were achieved for both near and distance using low vision aids. The study emphasizes the importance of the referral of children to low vision rehabilitation by both pediatricians and ophthalmologists (see pages 68-72).

A remarkable finding from Kurt et al.'s study conducted among 451 individuals aged 50 or over with binocular B class driving licenses was that more than 1 in 5 older drivers were not in compliance with the binocular B class driving license criteria for vision, usually due to senile cataract, but that a large proportion of these individuals continued to drive. Therefore, the authors concluded that individuals over 50 years old should be required to undergo periodic ophthalmologic examinations (see pages 73-76).

Despite advances in diagnosis and treatment, uveitis can become a serious problem with complications as severe as blindness, especially in pediatric patients. Juvenile idiopathic arthritis (JIA)-associated uveitis comprises a major subgroup of pediatric uveitis. Oray and Tuğal-Tutkun's review of therapeutic approaches to JIA-associated uveitis addresses medical treatment options, side effect profies and surgical interventions for complicated cases in the context of current literature and their clinical experience (see pages 77-82).

Sızmaz et al. present the clinical presentation and treatment of a case of contact lens-related polymicrobial keratitis. Pseudomonas auriginosa and Alcaligenes xylosoxidans were isolated from the patient's conjunctiva, cornea, contact lens storage case and lens solution, and polymerase chain reaction analysis of corneal scrapings was positive for Acanthameoba (see pages 83-86).

Güngör et al. share the clinical course and medical and surgical treatments applied in a Behçet's patient who developed herpetic keratouveitis and subsequent trabeculectomy failure 6 months after starting treatment with infliximab due to resistance to immunosuppressive treatment options. Their study highlights the possibility of systemic or ocular infections, including herpes simplex virus infection or reactivation, in patients using immunosuppressive or biologic agents, and raises awareness of the importance of keeping these patients under close medical surveillance (see pages 87-90).

Occult macular dystrophy is a hereditary macular dystrophy that presents with bilateral progressive vision loss while fundus appearance, fluorescein angiography and full-field electroretinogram are normal. In their report, Muslubaş et al. describe the clinical features and diagnostic methods used in a patient diagnosed with occult macular dystrophy (see pages 91-94).

Respectfully on behalf of the Editorial Board,

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