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EDITORIAL

2020 Issue 4 at a Glance:

This issue of our journal includes 6 original studies, a review, and 4 case reports on various topics.

In their study entitled "Five-Year Long-Term Results of Standard Collagen Cross-Linking Therapy in Patients with Keratoconus", Taşçı et al. evaluated 37 eyes with keratoconus that underwent corneal collagen cross-linking (CCL) treatment and were followed up for at least 5 years and observed increased corrected and uncorrected visual acuity at 1 and 5 years, decreased astigmatism values, reductions in steep and apex keratometry values, and significant improvements in higher-order and spherical aberrations at 5 years. As a result, the authors emphasized that in the long term, CCL therapy largely halted the disease, led to reduction of symptoms, and should be used as first-line treatment, especially in patients with progression (see pages 200-205).

Microbial keratitis occurs after penetrating keratoplasty at a frequency of 1.8-12.1% and can lead to graft failure and vision loss. Risk factors include the presence of loose sutures, retained sutures, and topical steroid use. In a study by Özalp et al. entitled "Distribution of Microbial Keratitis After Penetrating Keratoplasty According to Early and Late Postoperative Periods", the records of 36 patients were retrospectively examined and it was determined that 55.5% of the keratitis cases were bacterial, 41.7% were viral, and 1 was fungal. *Staphylococcus* was the most common causative agent. Gram-positive bacteria were more common in cases that occured within the first postoperative year, whereas gram-negative and viral infections in the late postoperative period were attributed to prolonged topical corticosteroid use (see pages 206-210).

In their original study entitled "Evaluation of Retinal Ganglion Cell Layer Thickness in the Early Period After Femtosecond LASIK Surgery", Özülken and İlhan reported that retinal ganglion cell thickness, peripapillary retinal nerve fiber thickness, and central macular thickness measured using spectral domain optical coherence tomography (OCT) in the right eyes of 40 patients did not differ at postoperative 1 hour and 3 weeks compared to preoperative values (see pages 211-215).

Ulhaq's study entitled "The Association Between Genetic Polymorphisms in Estrogen Receptor Genes and the Risk of Ocular Disease: A Meta-Analysis" included 5 studies that met the study criteria and showed that of 9 single nucleotide polymorphisms in the *ESR1* and *ESR2* genes, the *ESR2* rs1256031 gene polymorphism had a protective effect against ocular disease (odds ratio: 0.55, 95% confidence interval: 0.41-0.74, $p<0.001$) (see pages 216-220).

Graves' disease is characterized by hyperthyroidism, diffuse goiter, ophthalmopathy, and occasionally dermopathy. In a study entitled "Evaluation of the Effect of Proptosis on Choroidal Thickness in Graves' Ophthalmopathy", Yıldırım et al. compared choroidal thicknesses measured at the fovea and 6 points at 500-µm intervals from the fovea using Cirrus HD-OCT in 50 patients with proptosis (n=25) and without proptosis (n=25) and 25 healthy individuals and found no significant differences between the groups. Although choroidal thicknesses were found to be significantly lower in patients with active disease compared to patients with inactive disease and healthy controls, a relationship could not be demonstrated in multiple linear regression analysis (see pages 221-227).

Optical coherence tomography angiography (OCTA) is a non-invasive, fluorescein-free imaging device that enables rapid measurement and three-dimensional evaluation of the microvascular structures of the retina and choroid. İçel et al. conducted a study entitled "Evaluation of the Optic Disc and Macula in Healthy Children Using Optical Coherence Tomography Angiography" in which they obtained OCT and OCTA measurements from 146 healthy children between the ages of 6 and 16 years with the aim of creating a normative database. No relationship could be demonstrated between OCTA parameters, spherical equivalent, and axial length (see pages 228-233).

In the review selected for this issue, "Update on Contact Lens Treatment of Keratoconus", Şengör and Aydın Kurna provide readers with a detailed overview of soft and rigid gas-permeable lenses, hybrid and scleral contact lenses, and personalized lenses used in the treatment of keratoconus, fitting characteristics, and common problems and their solutions, accompanied by the literature (see pages 234-244).

Aksay et al. present a case report entitled "Intrauterine Cataract Diagnosis and Follow-up", in which a fetus diagnosed as having congenital cataract at 21 weeks' gestation and subsequently

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medically aborted underwent whole exome sequencing analysis and was found to be a homozygous carrier of a previously unreported variant (c755A>G [P.Lys252Arg]) of the *CRYBB1* gene, which is associated with congenital cataract. The mother and father were also found to be heterozygous carriers, thereby establishing a diagnosis of isolated autosomal recessive congenital cataract (see pages 245-247).

In a case report by İpek et al. entitled "Unilateral Acute Macular Toxoplasmic Chorioretinitis Associated with White Dot-Like Choroidal Involvement Demonstrated on İndocyanine Green Angiography" a 9-year-old boy who presented with impaired vision in the right eye was found to have an active chorioretinitis lesion, indocyanine green angiography revealed numerous hypocyanescent dots, dark spots were detected on the OCTA choriocapillaris slab, and blood tests revealed positive *Toxoplasma gondii* serology. The patient was successfully treated with oral trimethoprim-sulfamethoxazole, azithromycin, and steroid therapy (see pages 248-251).

In another case report entitled "X-Linked Retinoschisis in Females in a Consanguineous Family: A Rare Entity", Önen et al. discuss in detail the fundus examination, angiography, OCT, and electroretinogram findings of 3 girls who were daughters of consanguineous parents and were diagnosed as having X-linked juvenile retinoschisis (see pages 252-254).

Finally, Güngör Kobat et al. in "Iodine-Induced Retinopathy: A Case Report" describe a 39-year-old man who presented 2 weeks after the onset of sudden vision loss and was found to have diffuse hypopigmented and hyperpigmented foci in the retina and macula, widespread window defects on angiography, hyperreflective deposits on the retinal pigment epithelium on OCT, and prolonged p100 wave latencies in visual-evoked potential testing. When questioned, the patient reported that he attempted to commit suicide approximately 20 days earlier by consuming an estimated 200 mL of a slightly diluted iodine solution in the salt factory where he worked. He was diagnosed as having iodine-induced retinopathy and given vitamin B and micronutrient supplementation (see pages 255-257).

We hope that you will find the articles featured in this issue interesting and enjoyable to read.

Respectfully on behalf of the Editorial Board,

Banu Bozkurt, MD