

## AT A GLANCE

### 2024 Issue 1 at a Glance:

#### Esteemed colleagues,

The Turkish Journal of Ophthalmology, to which many valuable researchers have made scientific contributions over the years, features in its first issue of 2024 six original studies, one review, two case reports, one letter to the editor, and one authors' response.

In a clinical study by Değirmenci et al. titled "Impression Cytologic Evaluation of the Conjunctiva in Patients Treated with Topical 1% Voriconazole", the conjunctivas of 26 patients with culture-positive severe fungal keratitis who received 1% topical voriconazole for at least 3 months were evaluated by impression cytology. The study did not include patients with previous ocular surface disease or users of contact lenses or any topical drugs, and the fellow eyes of the patients constituted the control group. Impression cytology samples taken from the nasal, temporal, superior, and inferior conjunctiva at least 3 months after the discontinuation of topical voriconazole treatment were evaluated according to the Nelson staging system. Impression cytology grade in the inferior and temporal quadrants of the conjunctiva differed between treated and control eyes ( $p=0.03$  and  $0.02$ , respectively). The authors pointed out that voriconazole, a broad-spectrum antifungal, can cause metaplastic changes and emphasized that the conjunctiva should be checked at each examination in these patients (See pages 1-4).

Özdemir Yalçınsoy et al. investigated tubulointerstitial nephritis and uveitis syndrome (TINU), a multisystemic autoimmune disease that increased in frequency during the COVID-19 pandemic, in their study evaluating the clinical findings, laboratory results, and treatment of 10 pediatric TINU patients seen during a 2-year period during the pandemic. They concluded that among patients with TINU, which is normally rare, the rate of SARS-CoV-2 antibody positivity was 70%, suggesting that SARS-CoV-2 infection may have a triggering role in the development of the disease (See pages 5-10).

In their prospective study titled "Using the Amsler Grid Test for Age-Related Macular Degeneration Screening", Kuzucu Üşümiş et al. investigated the effectiveness of the Amsler grid test (AGT) in detecting age-related macular degeneration (AMD). The study included 355 people over the age of 50 who presented to a family health center but had no eye complaints. The AGT was performed in 700 eyes and was considered positive if the person saw broken or curved lines, differences in square shape or size, and color changes or blurring in any area. The AGT was positive in 97 (13.9%) of the 700 eyes tested. In the second stage, a total of 184 eyes (79 with positive AGT and 105 negative but considered at risk for AMD) were examined by an ophthalmologist, and optical coherence tomography (OCT) imaging was performed as deemed appropriate by the physician. At this stage, AMD was detected in 42 of the 79 AGT-positive eyes and 25 of 105 AGT-negative eyes, for a total of 67 eyes. The authors stated that AGT has moderate sensitivity (62.7%) and specificity (68.4%) in AMD screening and reported that more studies on the use of this cheap and easy-to-apply method as a screening test in primary health care are needed (See pages 11-16).

A retrospective study by Doğan et al. titled "Demographic, Etiological, and Clinical Characteristics of Eyelid Lacerations" evaluated data from 135 cases between 2018 and 2022. Twenty-nine of the patients were female and 21.4% were aged 18 or younger, while 68.8% were between the ages of 19 and 64 years. The leading causes of injury were sharp objects and blunt trauma. Foreign bodies were present at the wound site in 11.1% of the cases, and 22.2% had canalicular lacerations. The authors reported that eyelid injuries are frequently seen in young men and are often accompanied by findings such as conjunctival lacerations, open-globe injury, corneal epithelial damage, and hyphema, with serious pathologies more common in blunt trauma and traffic accidents (See pages 17-22).

Öner and Sinim Kahraman conducted a prospective clinical study titled "Evaluation of Full-Field Stimulus Threshold Test Results in Retinitis Pigmentosa: Relationship with Full-Field Electroretinography, Multifocal Electroretinography, Optical Coherence Tomography, and Visual Field" to evaluate the results of the full-field stimulus threshold (FST) test, which was developed to evaluate the efficacy and safety of treatment in low-vision hereditary retinal diseases, in patients with retinitis pigmentosa (RP) and compare them with the results of other ophthalmological tests. The study included 51 intermediate and advanced RP patients and 21 healthy individuals in a similar age range, all of whom were examined with the FST test, as well as visual field, OCT, and full-field and multifocal electroretinography (mfERG) tests. No full-field ERG response was obtained in any of the RP patients, but all were able to perform the FST test. Compared to the control group, the RP group had lower visual acuity and central macular thickness and significantly higher mean visual field defect. On mfERG, mean P1 wave amplitudes were found to be

## AT A GLANCE

significantly lower and mean P1 wave latencies were longer in all rings in the RP group. The results of the FST test corresponded to those of other functional and anatomical tests, with significantly lower results in the RP group compared to the control group. The authors stated that the FST test is an easy-to-perform, reliable, and rapid test in cases with low vision and narrowed visual field and can measure retinal sensitivity in advanced RP cases with flat ERG (See pages 23-31).

In a study titled "The Effects of Lens Extraction Surgery on Intraocular Pressure and Anterior Segment Parameters in Primary Angle-Closure Glaucoma", Bayraktar et al. evaluated the effect of lens extraction with intraocular lens (IOL) implantation on intraocular pressure (IOP) and anterior segment parameters in 55 patients with cataract and primary angle-closure glaucoma (PACG) and compared the results with data from 34 control subjects with no problems other than cataract. Best corrected visual acuity, IOP, anterior chamber depth (ACD), aqueous depth (AD), and lens thickness were evaluated before and 6 months after surgery. It was found that all parameters changed postoperatively in PACG patients ( $p<0.001$ ) and that these changes were greater than in the control group ( $p<0.0001$ ). The authors reported that lens extraction+IOL surgery significantly increased the anterior segment depth in PACG patients and allowed better IOP control with fewer antiglaucomatous drugs after surgery (See pages 32-37).

A review penned by our esteemed colleague Faik Gelişken examines in detail the general features and clinical uses of indocyanine green angiography (ICGA), which is an important component of multimodal imaging that enables angiographic examination of the choroidal structure and is used in the evaluation of various pathologies of the choroid and retina (See pages 38-45).

In the case reports section, Özbek et al. presented the case of foreign body embedded in the episclera mimicking nodular scleritis and emphasized that considering a history of trauma and the possibility of a foreign body is important to guide clinical diagnosis and treatment in cases of anterior scleritis (See pages 46-48).

Bayraktar et al. presented a rare case of anterior chamber synchysis scintillans with concurrent neovascular glaucoma. Synchysis scintillans, also known as cholesterolosis bulbi, is described as a degenerative ocular pathology that is usually bilateral and characterized by the accumulation of cholesterol crystals in the vitreous. The authors examined the factors involved in cholesterol crystal accumulation in the anterior chamber in addition to the vitreous and discussed the pathologies that should be considered in the differential diagnosis (See pages 49-51).

In a letter to the editor, Fikret Uçar expressed his views and posed some questions regarding Dericioğlu et al.'s article titled "Predictive Factors of Complications and Visual Outcomes after Pediatric Cataract Surgery: A Single Referral Center Study from Türkiye." Uçar stated that IOL insertion is more beneficial in terms of visual acuity in cataract surgery for children older than 12 months and that scleral IOL fixation may be considered in cases where capsule integrity is impaired during surgery. He also emphasized that due to the problems of postoperative inflammation, pupillary membrane, and capsule opacification in pediatric patients, it is important to administer intraoperative triamcinolone to the anterior chamber and use more intensive anti-inflammatory treatment, and he discussed the techniques of posterior capsulorhexis, anterior vitrectomy, and IOL optic capture in pediatric cataract surgery (See pages 52-53).

In their response letter, Dericioğlu et al. stated that in accordance with clinical protocols, aphakic contact lenses were primarily recommended for pediatric cataract patients and IOLs were implanted situations where it would be more appropriate for socio-economic reasons or the use of contact lenses was not feasible, and the authors noted that this issue is still controversial. They also pointed out that in their study, there were no patients requiring IOL implantation with scleral fixation and stated that their treatment approaches for inflammation control were similar. The authors concurred that there is a need for comprehensive randomized studies in which different techniques are applied in pediatric cataract surgery (See pages 54-55).

We hope that the valuable articles in the first 2024 issue of the Turkish Journal of Ophthalmology will contribute to your knowledge and experience.

**Respectfully on behalf of the Editorial Board,  
Nilgün Yıldırım, MD**