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E-ISSN: 2149-8709

# TURKISH JOURNAL OF OPHTHALMOLOGY

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E-mail: tomris.sengor@gmail.com

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Areas of Interest: Cornea and Ocular Surface Disease, Contact Lens, Refraction, Cataract and Refractive Surgery

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E-mail: dryildirimoz@hotmail.com

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Online Publishing Date: October 2020

International scientific journal published bimonthly.

E-ISSN: 2149-8709



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Hacettepe University Faculty of Medicine, Department of Ophthalmology  
06100 Sıhhiye-Ankara-Turkey

**Phone:** +90 212 801 44 36/37 Fax: +90 212 801 44 39

**E-mail:** [mirkec@hacettepe.edu.tr](mailto:mirkec@hacettepe.edu.tr)

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**Web Page:** [www.ofthalmoloji.org](http://www.ofthalmoloji.org)

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Avrupa Konutları Kale, Maltepe Mah. Yedikule Çırpıcı Yolu  
Sk. 9. Blok No: 2 Kat:1 Ofis:1 Zeytinburnu-İstanbul-Turkey  
**Phone:** +90 212 801 44 36/37 **Fax:** +90 212 801 44 39  
**Web Page:** [www.ofthalmoloji.org](http://www.ofthalmoloji.org)  
**E-mail:** [dergi@ofthalmoloji.org](mailto:dergi@ofthalmoloji.org) / [sekreter@ofthalmoloji.org](mailto:sekreter@ofthalmoloji.org)

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## EDITORIAL

### 2020 Issue 5 at a Glance;

This issue of our journal begins with a eulogy written by Turkish Ophthalmology Association president Professor İzzet Can, MD in memory of Professor M. Erol Turaçlı, MD, the doyen of our professional community who we lost due to COVID-19. This is followed by 6 original research articles, 1 review, and 5 case reports.

Infectious keratitis is a condition characterized by uncontrolled inflammation associated with the proliferation of bacteria, viruses, fungi, or parasites in the cornea due to impaired defense mechanisms for various reasons. Bacterial keratitis can result in severe vision loss and therefore, empirical antibiotherapy should be initiated early, without waiting for culture and smear results. Dikmetaş et al. retrospectively evaluated the medical records of 31 patients who were hospitalized and treated for bacterial keratitis. Of these, 20 patients (64.5%) received fortified cephalosporin (50 mg/mL cefazolin) and aminoglycoside (14 mg/mL gentamicin) combination therapy after nonresponse to initial treatment with fourth-generation fluoroquinolone (5 mg/mL moxifloxacin), while 11 patients (35.5%) received fortified therapy as first-line treatment. Superficial lesions showed faster response to treatment ( $p=0.037$ ) and moderate correlations were observed between response to treatment and time to treatment initiation ( $r=0.527$ ,  $p=0.184$ ) and initial best corrected visual acuity (BCVA) ( $r=0.517$ ,  $p=0.120$ ). The authors noted that patients with initially low BCVA show poorer response to treatment and emphasized that fortified antibiotics still have a place in the treatment of bacterial keratitis and remain the best alternative to fluoroquinolone therapy (See pages 258-263).

Yılmaz et al. investigated the consistency between optical coherence tomography (OCT) (Spectralis, Heidelberg Engineering, Heidelberg, Germany) images and OCT angiography (OCTA) (AngioVue, Optovue Inc., Fremont, CA, USA) images for the measurement of retinal nerve fiber layer thickness (RNFLT) in patients with primary open angle glaucoma (POAG). Intraclass correlation coefficients used to test the agreement between the two devices indicated excellent agreement in the global average and the superior, inferior, and temporal quadrants and good agreement in the nasal quadrant. In contrast, in Bland-Altman analysis there was poor agreement in all measurements due to the wide limits of agreement and statistically significant proportional bias ( $p>0.05$ ), while linear regression analysis models showed strong association between peripapillary vessel density (VD) and RNFLT measured by both devices. The authors concluded that data obtained from the two devices should not be used interchangeably but stated that due to the strong correlation between VD and RNFL values with both devices, the AngioVue could be used in glaucoma management for the measurement of RNFLT as well as VD (See pages 264-270).

Uzlu et al. conducted a study evaluating the relationship between body position and intraocular pressure (IOP) values measured by

rebound tonometry (RT) in healthy children. In the study, IOP values of 49 eyes of 49 healthy pediatric patients with normal ophthalmic examination findings were measured with RT in standing, sitting, and supine positions and there was no statistically significant difference between the measurements ( $p=0.846$ ,  $p=0.751$ ,  $p=0.606$ ). However, there was a statistically significant correlation between corneal thickness and IOP values in all measurements (See pages 271-274).

A prospective study by Barış et al. aimed to determine the frequency of inadequate response to intravitreal (IV) anti-vascular endothelial growth factor (anti-VEGF) treatment in active neovascular age-related macular degeneration (nvAMD) and to define subgroups of poor responding eyes. A total of 235 eyes of 202 treatment-naïve patients received ranibizumab and those with recurrence, persistence, or worsening despite treatment were classified as "poor responders." The authors found that 78 eyes (33.2%) showed poor response and that the frequency of pigment epithelial detachment (PED) and occult choroidal neovascularization (CNV) was statistically significantly higher in eyes that responded poorly to treatment ( $p<0.001$ ). This finding emphasizes that determining eyes' pre-treatment characteristics and performing subgroup analysis will be beneficial to modify and improve treatment strategies in such cases (See pages 275-282).

Yılmaz Tuğan et al. analyzed changes in the reflectivity of the retinal pigment epithelium (RPE), ellipsoid zone (EZ), and outer limiting membrane (OLM) in OCT images and evaluated the relationship between reflectivity change and visual acuity improvement in 24 eyes of 24 patients with idiopathic full-thickness macular holes closed after vitrectomy. They observed significant increases in EZ reflectivity (absolute and relative) at postoperative 12 months compared to postoperative 1 month and a significant positive correlation between the increase in EZ reflectivity and BCVA, and concluded that EZ reflectivity could be an indicator of functional and anatomical improvement after macular hole surgery (See pages 283-287).

Kalaycı evaluated the causes and frequency of blindness in the adult population of Somalia according to the criteria of the World Health Organization. Based on data from 2605 patients over the age of 18, the overall blindness rate was 9.8% and the most common causes in the monocular blindness group were trauma complication (23.6%), cataract (19%), and diabetic retinopathy (13.2%), while the most common causes in the bilateral blind group were cataract (26.9%), diabetic retinopathy (21.1%), and glaucoma (15.4%). It was noted that trauma is the most important cause of blindness in Somalia due to security conditions in the country (See pages 288-292).

Primary melanoma of the eye can occur in 4 different anatomical structures of the eye: the orbit, eyelids, conjunctiva, and uvea. Conjunctival melanoma is a rare disease that accounts for about 5% of all ocular melanomas. It can occur de novo or arise from a conjunctival nevus or primary acquired melanosis. In this issue's review,