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EDITORIAL

## 2019 Issue 4 at a Glance:

In its fourth issue of 2019, the Turkish Journal of Ophthalmology is publishing six original studies, a review, and four case reports.

Kösekahya et al. evaluated corneal endothelial health in their controlled clinical study comparing 50 patients with gout and 50 healthy individuals. Because previous investigations of the cornea in gout have always focused on whether crystal deposition also occurs in the stroma, the significant changes in endothelial health reported in this study represent novel findings. The study demonstrated that corneal endothelial dysfunction tends to increase with disease duration and uncontrolled rise in uric acid levels in gout patients. This suggests that gout is not merely the accumulation of uric acid, but may also warrant consideration as a metabolic disease that accelerates ageing (see pages 178-182).

Soyugelen Demirok et al. report the 1-year follow-up results of glaucoma drainage implant in 6 patients with aniridia and medically refractory glaucoma. They recommended glaucoma drainage implantation as first-line surgical treatment in cases of aniridic glaucoma where intraocular pressure cannot be controlled with the maximum medical treatment. This concluding remark is a noteworthy recommendation, especially for younger patients (see pages 183-187).

Elangovan et al. report from India a series of 29 cases of ocular tuberculosis, which is extremely underreported due to deficiencies in diagnosis and treatment. The approximately 80% rate of favorable response of intraocular inflammation associated with ocular tuberculosis after 6 months of antituberculosis therapy suggests that better cooperation and interaction is needed between chest physicians and ophthalmologists (see pages 188-193).

In their study of eyes with cystoid diabetic macular edema, Yalçın and Özdek report that increased central foveal thickness and damage to the outer retinal layer increase the likelihood of macular ischemia. This is an interesting and exemplary study in that, as opposed to optical coherence tomography being only a tool for diagnosis and follow-up, it identifies parameters that can also be used as prognostic indicators (see pages 194-200).

Özdemir et al. performed pneumatic vitreolysis in 13 eyes of 12 patients with vitreomacular traction syndrome and achieved successful results in all cases. The authors recommend pneumatic vitreolysis as a primary approach because it is cost-effective, safer, and relatively easier compared to other surgical alternatives, and subsequent pars plana vitrectomy is always an option if the procedure is not successful (see pages 201-208).

Yaşar et al. determined that retinal tears and holes, which are believed to result from vitreoretinal traction, occur in patients with macular hole at a similar frequency as seen in the general population, and showed that the vitreous may have different pathologies in the anterior and posterior aspects of these diseases (see pages 209-212).

In this issue's review, Özmert and Arslan address one of the hottest topics in recent years-retinal prostheses and artificial vision-and share their experience with the Argus II implant. About 30% of the macular ganglion cell layer remains intact in retinal diseases that cause outer retinal degeneration, such as retinitis pigmentosa, choroideremia, and geographic atrophy. This enables the inner retinal cells to be stimulated with controlled electrical current by a microphotodiode array implanted subretinally or a microelectrode array tacked to the epiretinal region. However, the authors point out that in order for these stimuli to become visual information that will improve the patient's orientation, mobility, and quality of life, the patient must learn to interpret the phosphene sequences formed in the brain through special rehabilitation exercises. For diseases in which the ganglion cells and optic nerve are completely destroyed, implants that stimulate the lateral geniculate nucleus or occipital cortex offer hope for artificial vision (see pages 213-219).

Barut Selver et al. demonstrates the successful treatment of multiple drug-resistant P. aeruginosa-induced corneal abscess in a patient with Kaposi's sarcoma with the topical application of colistin, an antibiotic that ophthalmologists are not very familiar with. Colistin was abandoned many years ago due to its systemic side effects; however, this is not a problem with the use of ophthalmic topical preparations. Topical colistin appears to be both safe and effective in the treatment of resistant bacterial keratitis (see pages 220-223).

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Yazıcı et al. report that six cases of solitary neurofibroma without neurofibromatosis type 1 in the eyelid and conjunctiva have been described to date, with only one previously reported case of solitary neurofibroma originating from the eyelid tars. They present the second case in this issue (see pages 224-225).

Batıoğlu et al. publish the optical coherence tomography angiography findings of a 22-year-old patient with Best vitelliform macular dystrophy whose pregnancy was a contraindication for fluorescein angiography. Using optical coherence tomography angiography to visualize the neovascular network, the authors describe for the first time the coexistence of Best vitelliform macular dystrophy with pachychoroid neovasculopathy in this case report (see pages 226-229).

Hasanreisoğlu et al. present two cases of congenital toxoplasmosis with ocular involvement together with findings of retinopathy of prematurity accompanied by incomplete retinal vascularization, peripheral avascular regions, and retinal detachment. With these two cases, the authors draw attention to the possibility that retinopathy of prematurity and congenital toxoplasmosis can exist simultaneously with clinical presentations that mask one other, making it difficult to distinguish the cause of retinal detachment in such eyes (see pages 230-234).

We believe that our colleagues will benefit greatly from these studies and case reports that will raise substantial awareness in terms of rare and difficult-to-diagnose cases, predicting prognosis, and uncommon treatment options, as well as the review, which will serve as an important bedside reference on artificial vision.

**Respectfully on behalf of the Editorial Board,**

**Sait Eğrilmez, MD**