

EDITORIAL

2021 Issue 5 at a Glance:

This issue of our journal features 6 original studies, 1 review, 4 case reports, a letter to the editor, and a reply to the letter to the editor, through which researchers from both the national and international communities have furthered our knowledge.

In the first original article of this issue, Erol et al. present their study aiming to identify corneal biomechanical and tomographic factors associated with progression of keratoconus (KC). The authors reported that parameters derived from the second applanation signal of the ocular response analyzer (ORA) were superior to other ORA and Pentacam parameters in predicting KC progression. This study is valuable because it demonstrates that biomechanical properties may be determinants of KC progression and is the first report on this topic. We believe it may serve as an important reference in the follow-up of KC patients (see pages 257-264).

Akbaş et al. conducted a study evaluating the characteristic findings of different corneal foreign bodies on anterior segment optical coherence tomography. Their results make valuable contributions in determining a foreign body's location, depth, and structural characteristics and selecting an appropriate treatment method accordingly for these injuries, which we encounter frequently in our daily practice (see page 265-268).

Karslıoğlu et al. share the results of their comprehensive survey study investigating the effect of the current COVID-19 pandemic on the clinical practice of ophthalmologists in our country. In the midst of this global pandemic, we believe you will read with interest this article containing valuable information and comments regarding the rates at which elective and emergency ophthalmological treatments can be performed, the extent to which ophthalmologists are affected socially, psychologically, and economically, and within the framework of this information, the measures necessary to avoid the disruption of ophthalmology clinical practice (see page 269-281).

In another study, Mirza et al. retrospectively analyzed the data of patients who applied to the Health Board of the Meram Medical Faculty Hospital in Central Anatolia. Based on their evaluation of the frequency and characteristics of pathologies causing blindness in and around the Konya province, the authors reported that most causes of blindness they identified were preventable or treatable diseases. They also drew attention to solutions to this wide-reaching and important public health problem by noting that raising awareness of this issue

would be beneficial in terms of taking the necessary measures (see page 282-287).

In their study to understand the role of the surgeon in the induction and correction of movement errors during vitreoretinal surgical procedures, Dođramacı and Steel aimed to record movement errors at the distal end of 23-gauge pneumatic forceps. To do this, they recorded data for the x, y, and z axes using optical reflector sensors and conducted a comparative analysis. Based on the results of their study, they describe techniques that surgeons new to the profession should use to reduce movement errors and provide valuable tips to use in the future (see pages 288-293).

In another study, Dođramacı et al. used a scale model to investigate the causes of the choroidal hemorrhage that occasionally occurs during surgical procedures. The model is a system consisting of a rubber tube 1 cm wide and 10 cm long and wrapped with special conductive thread. Stress levels in the system were measured under varying systemic intravascular blood pressure, intraocular pressure levels (IOP), and distortion levels. The authors reported that excessive distortion of the globe during surgical procedures may be the main cause of intraoperative choroidal hemorrhage. Other important findings of the study that should be kept in mind are that using a non-expansile ocular tamponade provides better support for the vascular bed, while excessively increasing IOP has a limited effect in mitigating the risk of hemorrhage in the choroidal vessels caused by distortion (see pages 294-300).

Ceyhan and Yaşar provide comprehensive and useful information about philosophy in their review article titled "Does Ophthalmology Need Philosophy?", stating that philosophy offers important intellectual skills and tools that can impart wisdom to the individual and the profession. In this context, the authors emphasized that ophthalmologists need philosophy in a broad range of areas, from contributing to the development of scientific research to defending themselves against professional accusations. In fact, we think you will read with interest this original article, which draws us into the depths of wisdom in a different subject that we live in but do not often bring to conscious thought (see pages 301-307).

In the first case report of this issue, Onaran et al. report a rare case of traumatic dislocation of the globe into the ethmoid sinus. This exciting and educational case presentation is valuable because it demonstrates that successful functional and cosmetic results can be achieved with rapid and appropriate treatment if the globe is displaced but remains intact (see pages 308-312).

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In another case report, Öztürk et al. incidentally diagnosed stage 3 lipemia retinalis in the 2-week dilated fundoscopic examination of a preterm infant who underwent laser photocoagulation for stage 3 retinopathy of prematurity, thus emphasizing the importance of careful ophthalmological examinations in premature newborns (see page 313-316).

In their case series of 3 patients, Kaya et al. addresses difficulties in the diagnosis of intraocular lymphoma. The authors note that clinical suspicion is the first step in the early diagnosis of this insidious disease, followed by multimodal imaging methods to support the diagnosis. In addition, they emphasize that after diagnosis, vitreous and retinal biopsy is necessary for oncological treatment and that these procedures can also confirm the diagnosis (see pages 317-325).

In the last case report of this issue, Perente et al. report two patients diagnosed with serpiginous choroiditis (SC), which is a rare, chronic, recurrent, progressive disease of unknown cause. The most common complication of SC is the development of choroidal neovascular membrane (CNV) in 10-35% of cases. The patients in this report also had CNV, and the authors report that they used a new non-invasive imaging method, optical coherence tomography angiography, to establish the diagnosis and treated the patients a series of anti-VEGF injections (see pages 326-333).

In their letter to the editor, Khorrami-nejad and Heirani from Tehran, Iran report that they read with interest a study by Özsaygılı and Yıldırım examining the relationship between KC stages and the thickness of the

retinal layers, but thought there may be deficiencies in the possible mechanisms suggested in the article to explain the changes in the inner nuclear layer and retinal pigment epithelium layer. They state that in addition to the different biochemical, oxidative, genetic, and cellular mechanisms suggested by the authors, these changes may also occur in response to other associated factors, including myopia secondary to KC (see pages 334-335).

In their reply, Özsaygılı and Yıldırım emphasized that patients with myopia greater than 6 diopters and axial length greater than 26 mm were not included in the study due to the possible effect of optical focal deviation caused by high myopia on the retinal layers, and that they analyzed measurements obtained from the more reliable central 1 mm macular area instead of the periphery. Moreover, they stated that neurophysiological explanations were not based on evidence that goes beyond assumption and reiterated their belief that the changes were closely related to the stage of KC disease (see pages 336-337).

**Respectfully on behalf of the Editorial Board,
Tomris Şengör, MD**