

## EDITORIAL

### 2017 issue 2 at a glance:

From among the many worthy submissions to our journal, for this issue we have selected six original articles, one review, five case reports, and a letter to the editor which we believe will contribute to the scientific literature.

Koçluk et al. compared outcomes of patients who underwent deep anterior lamellar keratoplasty with those of patients for whom the same procedure was converted to penetrating keratoplasty due to intraoperative macroperforation of Descemet's membrane. The authors were unable to detect any statistically significant differences between the two surgical procedures in terms of corrected visual acuity, astigmatism, pachymetry, and postoperative complication rates (see pages 63-67).

Kıvanç et al. compared biofilm production by *Staphylococcus epidermidis* KA 15.8, a known biofilm-producer positive for icaA, icaD, and bap genes, and *S. epidermidis* KA 14.5, considered a non-biofilm-producer negative for the icaA, icaD and bap genes, on four different intraocular lenses (2 foldable acrylic and 2 PMMA). Evaluation of the IOL-adherent biofilms by bacterial enumeration and optical density (OD) measurement showed that the hydrophilic acrylic lens with hydrophobic properties had the least biofilm production (see pages 68-73).

Öner et al. compared contrast sensitivity in the rehabilitated (with occlusion therapy) amblyopic eyes and normal fellow eyes of patients with amblyopia due to microtropia or anisometropia. They found that the microtropic eyes had significantly reduced contrast sensitivity at spatial frequencies of 3, 12, and 18 cpd, while the anisometropic eyes only showed a significant difference at 12 cpd. The authors emphasized that contrast sensitivity is an important parameter to assess in addition to visual acuity when deciding when to discontinue occlusion therapy (see pages 74-79).

In their pilot study investigating factors affecting contrast sensitivity levels in individuals with refractive errors less than 1 diopter, Karatepe et al. observed that contrast sensitivity at medium and high spatial frequencies decreases with increasing age, binocular values were higher than monocular values, and contrast sensitivity was higher in scotopic compared to photopic conditions (see pages 80-84).

The literature contains reports that autoantibodies to carbonic anhydrase (CA) isoenzymes are associated with certain autoimmune diseases. Türk et al. analyzed CA autoantibody levels in healthy individuals and type 1 diabetes patients with and without diabetic retinopathy and demonstrated that although CA-II autoantibody levels were substantially higher in patients with diabetic retinopathy, they were not related to macular edema (see pages 85-88).

Oray et al. compared the outcomes of treatment with antituberculous therapy (ATT) and immunomodulatory therapy (IMT) in patients with serpinginous choroiditis (SC) and multifocal serpinginoid choroiditis (MSC) associated with latent tuberculosis. Though a statistical difference between the two treatment methods could not be detected due to the small number of patients, the authors determined that ATT may be an appropriate primary therapy for MSC associated with latent tuberculosis, and may be used to treat SC refractory to IMT (see pages 89-93).

For this issue, Şahlı and Gündüz present a comprehensive review examining the epidemiology, pathogenesis, clinical signs, and current therapeutic approaches to thyroid-associated ophthalmopathy, the most common extrathyroidal

manifestation of Graves' disease. In mild cases, signs and symptoms can be controlled with supportive therapies, whereas severe cases may require systemic steroids, immunosuppressive agents, plasmapheresis, intravenous immunoglobulin, radiotherapy, and orbital decompression surgery (see pages 94-105).

In pseudoexfoliation syndrome, the lens zonules are more fragile and have diminished elasticity, and spontaneous intraocular lens dislocation may occur due to capsular fibrosis. Intraoperative use of a capsule tension ring reduces the risk of zonular rupture but is no guarantee against intraocular lens dislocation in the long term. In a case report from Koçak Altıntaş et al. discussing 3 cases of spontaneous dislocation of the intraocular lens and capsule tension ring 2.5-8 years after uncomplicated phacoemulsification surgery, the authors report observing no complications after removing the capsular bag containing the intraocular lens and capsule tension ring and implanting an anterior chamber intraocular lens (see pages 106-109).

Ayhan et al. present the case of a 19-year-old female patient who presented with bilateral non-granulomatous anterior uveitis and vitritis and macular edema in the left eye. A full-body computed tomography scan revealed a pathologic mediastinal lymph node and biopsy results indicated nodular sclerosing and mixed cellularity Hodgkin's lymphoma. All signs of uveitis resolved after chemotherapy. Ocular involvement is usually observed after diagnosis of Hodgkin's lymphoma, but may rarely be an initial sign (see pages 110-112).

Hidrocystomas are benign adnexal tumors of eccrine or apocrine origin. In a case report by Palamar et al., magnetic resonance imaging of a female patient presenting with severe pain in the upper eyelid, tearing, ptosis, and corneal erosion revealed a large cystic intraorbital/extraconal lesion located in the superior aspect of the orbit. The mass was excised and determined in histopathologic analysis to be consistent with an eccrine hidrocystoma (see pages 113-114).

Yılmaz et al. share the case of a myopic patient with persistent juxtafoveal CNV secondary to presumed ocular histoplasmosis who was treated with a total of 5 ranibizumab injections during 1.5 years of follow-up. Initial best corrected visual acuity was 0.6; after treatment, subretinal scar formed and the patient's visual acuity was 0.3 (see pages 115-118).

In glaucoma, acquired optic disc pits form due to localized depressions in the lamina cribrosa resulting from neuroretinal rim loss. Macular schisis and serous retinal detachment may also develop in acquired optic disc pits and can result in serious vision loss. The case report from Öztas et al. concerns a male patient who underwent bilateral trabeculectomy 6 years earlier for primary closed-angle glaucoma. Using 3D spectral domain optical coherence tomography, the authors detected prelaminar and laminar defects of various sizes, shapes, and depths in the outer walls of the optic nerve canal, and demonstrated that these defects were adjacent and connected to the retinal layers (see pages 119-122).

Finally, you can find a Letter to the Editor written in response to an article entitled "The Efficacy of Intravitreal Bevacizumab in Vitreous Hemorrhage of Diabetic Subjects" published in a previous issue, as well as a response from the authors of that study (see pages 123-124).

Respectfully on behalf of the Editorial Board,

Banu Bozkurt, MD