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Pınar Bingöl Kızıltunç et al.; Ankara, Turkey

Intracranial Mass Lesion in a Patient Being Followed up for Amblyopia
Ali Mert Kaşer et al.; Ankara, Turkey

Multimodal Imaging of Isolated Foveal Hypoplasia: A Case Report
Cumali Değirmenci et al.; İzmir, Turkey
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PRISMA statement of preferred reporting items for systematic reviews and meta-analyses (Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 2009; 6(7): e1000097.) (http://www.prisma-statement.org/);

STARD checklist for the reporting of studies of diagnostic accuracy (Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, et al., for the STARD Group. Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative. Ann Intern Med 2003;138:40-4.) (http://www.stand-statement.org/);

STROBE statement, a checklist of items that should be included in reports of observational studies (http://www.strobe-statement.org/);

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Results: The detailed results of the study should be given and the statistical significance level should be indicated.

Conclusion: Should summarize the results of the study, the clinical applicability of the results should be defined, and the favorable and unfavorable aspects should be declared.

Keywords: A list of minimum 3, but no more than 5 key words must follow the abstract. Key words in English should be consistent with “Medical Subject Headings (MESH)” (www.nlm.nih.gov/mesh/Mrowser.html). Turkish key words should be direct translations of the terms in MESH.

Original research articles should have the following sections:

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Results: The results of the study should be stated, with tables/figures given in numerical order; the results should be evaluated according to the statistical analysis methods applied. See General Guidelines for details about the preparation of visual material.

Discussion: The study results should be discussed in terms of their favorable and unfavorable aspects and they should be compared with the literature. The conclusion of the study should be highlighted.

Study Limitations: Limitations of the study should be discussed. In addition, an evaluation of the implications of the obtained findings/results for future research should be outlined.

Conclusion: The conclusion of the study should be highlighted.

Acknowledgements: Any technical or financial support or editorial contributions (statistical analysis, English/Turkish evaluation) towards the study should appear at the end of the article.

References: Authors are responsible for the accuracy of the references. See General Guidelines for details about the usage and formatting required.

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Case reports should present cases which are rarely seen, feature novelty in diagnosis and treatment, and contribute to our current knowledge. The first page should include the title in Turkish and English, an unstructured summary not exceeding 150 words, and key words. The main text should consist of introduction, case report, discussion and references. The entire text should not exceed 5 pages (A4, formatted as specified above).

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Review articles can address any aspect of clinical or laboratory ophthalmology. Review articles must provide critical analyses of contemporary evidence and provide directions of current or future research. Most review articles are commissioned, but other review submissions are also welcome. Before sending a review, discussion with the editor is recommended.

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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 Turaoğlu, 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 antibiotic therapy should be initiated early, without waiting for culture and smear results. Dikmen 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 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 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, 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-naive 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 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).