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## This Issue At A Glance

It is a great privilege for the staff of the Iranian Journal of Ophthalmology (IRJO) to have the opportunity to publish a variety of subjects in ophthalmology and ophthalmic sciences which we receive from all over Iran and our medical centers. We do hope to extend this privilege to cover all Middle-East, Asia and even other continents. Our journal covers all kinds of subjects which makes it more colorful. In this issue of journal Oskooei et al<sup>1</sup> (Pages: 68-70) report the discovery of a spectacle made of bone which has been found on the face of a skeleton of a young Iranian woman in a grave 3 to 4 millennia BC. The discovery was achieved by Professor Charles Berny in Yanik Tappeh in Eastern Azerbaijan Province, in 1962. Approved by UNESCO authorities this finding is of a very high importance since the history of the use of spectacles has still remained unsolved. Marco Polo in his trip to China on 12<sup>th</sup> century AC has indicated that Chinese did wear spectacles which they claimed that the technology has been brought from Middle-East. Yanik Tappeh spectacle opens a long discussion that spectacles were used at Middle-East even at the Iron era. It is of high interest to focus on few points published in this issue of IRJO.

In the presentation of Chams et al<sup>2</sup> on "Risk Factors of Blindness in Behcet's Disease" (Pages: 2-8) the authors compare 187 ocular Behcet's disease (BD) patients, blind at the last visit with 81 cases of matched nonblind cases of ocular BD, both groups were treated with the conventional BD protocols. They found that one of the major risk factors for blindness was impaired vision at the presentation, P=0.000. They proposed that a prompt and intensive treatment of the patients can save the useful sight.

In another controversial matter concerning the application of laser in situ keratomileusis in patients with multiple sclerosis, Hashemi et al<sup>3</sup> (Pages: 9-12) have done LASIK on 15 eyes of 8 patients and after six months to five years of follow-up they declare with much reserve that there is no risk of recurrence of the symptoms caused by the shock or stress of the intervention. They had included in their investigation only those without recurrence of neuritis at the last six months before the intervention. Riazhi Esfahani et al<sup>4</sup> (Pages: 47-52) present us a new technology, enhanced deep imaging optical tomography (EDI-OCT) a spectral domain OCT is placed very close to the eye to obtain an inverted image. Thus the sensitivity of the imaging in deep choroid is increased. The technique is indeed an important progress to detect and to follow the deep choroidal lesions as the authors have used the technique in the diagnosis and evaluation of treatment for choroidal hemangioma.

Talebnejad et al<sup>5</sup> (Pages: 53-56) have published a familial presentation of monocular elevation deficiency syndrome due to hypoplasia and absence of superior rectus. They point out the importance of orbital and muscular MRI in the diagnosis of such lesions.

Karkhaneh et al<sup>6</sup> (Pages: 57-60) discuss a case of unilateral retinoblastoma with several intravitreal injections of carboplatin. The child has been apparently cured and even with a flat ERG has had finger counts, but are we morally allowed to inject drugs within the eye of a person who has retinoblastoma?

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### References

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