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Editorial

This Issue at A Glance

In the retrospective investigation titled “Risk factors evaluation of threshold retinopathy of prematurity” at a tertiary ophthalmic center in Tehran, Iran, the authors have studied 859 premature neonates during one year (2008-2009). 791 eyes have had retinopathy of prematurity (ROP) and 7.4% of them presented threshold retinopathy (TROP). The investigators aim has been to present and compare the risk factors of ROP and TROP and also to emphasize that the proposed criteria[1] for investigation of ROP and TROP are not very precise and valuable for the developing countries. For example they remark that 33% of their TROP had birth weight of more than 1,500 grams. In this investigation the most important risk factors for TROP have been delay in initial examination, low weight, low gestation age, and duration of oxygen therapy.

In another presentation, the authors have investigated “The prevalence of viral conjunctivitis in patients who referred to eye specialist hospitals in Tehran, Iran”. They received 150 swap samples and after DNA extraction, and multiplex real-time PCR they found 14.6% of samples were positive for adenovirus and 3.3% positive for herpes simplex 1 (HSV-1). The results for herpes simplex 2 (HSV-2) and varicella-Zoster (VZV) were negative. In other investigations[2,3] of viral conjunctivitis adenoviruses, HSV-1, HSV-2 and VZV have been reported to be the most important causes of viral conjunctivitis. The authors propose a more extensive investigation on number of patients and the emerging viruses particularly in this part of the world.

Rahimi et al in their presentation “Clinical outcomes in acanthamoeba keratitis treated with polyhexamethylene biguanide as monotherapy” have studied 27 eyes of 25 patients presenting Acanthamoeba keratitis (AK). They emphasize the importance of confocal biomicroscopy to find the cysts or trophozoites of the amoeba, indicating 96.3% of positive results compared to 81.5% of positivity in the culture. They indicated that 85.2% of their cases were cosmetic and 11.1% were optical contact lens wearers. They pointed-out, in agreement with other investigations[4] that treating AK at its initial stages has a more favorable outcome and can save the eye.

Panahi Bazaz and coworkers from Ahvaz Jundishapur University of Medical Sciences have presented “Glaucoma after congenital cataract surgery” studying 161 eyes of 96 patients who underwent congenital cataract surgery. 17.4% developed glaucoma over a follow-up of six years. Younger age at the time of surgery was a high risk of glaucoma but the intraocular lens had a protective result to prevent glaucoma. 85.7% of the glaucomatous patients had less than one year at the time of operation.

In another very interesting and practical presentation “Surgical outcomes after vitrectomy in severely traumatized eyes with no light perception and flat ERG”, Tabatabaei and coworkers have performed vitrectomy on 22 severely traumatized eyes after primary repairs. The eyes had no-light-perception and had flat ERG. Six eyes (27.3%) obtained light perception, one eye counting fingers at 70 cms. They proposed that in specific situations (one eye patients) vitreoretinal surgery can be beneficial in some cases and can give some vision to the patient even if it is light perception.

Soltan Sanjari and colleagues have presented “The outcome of bilateral medial rectus muscle recession in esotropia”. In their retrospective study 82 of 130 recruited cases who had two years of follow-up are highlighted. 78.2% of cases were aligned after surgery, 13.3% undercorrected and 8.5% overcorrected. They indicate that the reported success rate for such intervention is variable between 60 to 91%. In their discussion they indicate the factors influencing the success rate of the surgery and including the review of the literature. Kushner and colleagues[5] have shown that in higher deviations the degree of ocular alignements per millimeters of rectus recession increases. Umazume et al[6] have found that the dose response increased in age group under 20, and Abbasoglu and colleagues[7] reported that the age of onset of strabismus is another factor influencing the results.

Hashemi and coworkers in a retrospective analysis “Comparison of keratometric values using Javal keratometer, oculus pentacam, and orbscan II” have reviewed the data of 765 eyes which had Javal keratometry, 577 eye were investigated by orbscan II and 200 eyes by pentacam. They concluded that “The results obtained with orbscan showed better agreement and strange correlation with Javal as compared with orbscan”. They proposed that pentacam could be a substitute for Javal in normal eyes.

Mirakhorli and colleagues have presented “Association between p-glycoprotein and multi-drug resistance associated protein 1 expression and clinical outcomes in Iranian retinoblastoma”. ATP binding cassette (ABC) transporters are present in many human organs and their function is to eliminate the exogenous toxins from the cells.[8] they act the same way when anti-cancerous drugs are concerned.[9] The multi drug resistance 1/p-glycoprotein (MDR 1/p-gp) and multi drug resistance associated protein 1 (MRP1) are two common members of these transporters. In this present investigation the authors have studied 26 advanced retinoblastomas (RB). Six (23%) were p-gp and 12 (46%) MRP1 positive. They have concluded in concordance with some other investigators that “There is no significant association between p-gp and/or MRP1 expression and unresponsiveness to chemotherpy”. However, the coexistence of both proteins might be important in stimulating the recurrence of neoplasm.

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