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### This Issue at A Glance

**Hormoz Chams et al** present “Causes of Blindness in Ocular Behçet’s Disease Comparing the End-Blinding Results in Two Genders”. In this retrospective, longitudinal (32 years) investigation of ocular Behçet’s disease of 187 patients (124 males, 63 females) blind at the last visit (vision $\leq$ 1/10) at least in one eye and with at least 3 years of follow-up, they found no discrepancy in the end blinding outcome in two genders. 78.3% of eyes (N=191) in men versus 77.4% of eyes (N=96) in women were blind at the last visit. Although, the end stage-disease was the most frequent cause of blindness, 40.9% of eyes (N=100) in men versus 37.1% of eyes (N=64) in women and macular scar the second most common cause of blindness 14.3% of eyes (N=35) in men versus 18.5% of eyes (N=23) in women. The differences were not statistically significant. Highly impaired vision at presentation was the essential risk factor for blindness.

**Masih Hashemi et al** present “Comparison of the Efficacy and Tolerability of Xalatan® and Xalabiost (Generic Latanoprost) in Adults with Open-Angle Glaucoma or Ocular Hypertension: A Two-Center, Randomized, Crossover Trial”. They have found no significant difference in efficacy and tolerability between these two products. Xalabiost is a generic product which is produced in Iran with a lower cost.

**Sepehr Feizi and Mohammad Pakravan’s** article “Comparison of Intraocular Pressure Measurements by the Ocular Response Analyzer and Goldmann Applanation Tonometer after Penetrating Keratoplasty in Keratoconic Patients” compares Goldmann applanation measuring intraocular pressure with Ocular Response Analyzer (ORA) which is a new technique for non-contact tonometry independent of corneal thickness and rigidity. They conclude that ORA is a safe method to measure IOP after penetrating keratoplasty. However, contrary to non-operated eyes it yields considerable higher values in eyes after keratoplasty which can be converted to Goldmann applanation values.

**Hossein Ashraf et al’s** investigation “Comparison of Intraoperative Retinal Break Formation during Standard 20-Gauge and 23-Gauge Sutureless Vitrectomy Systems” compares the complications of the two vitrectomy systems. They have performed 115 vitrectomies, 55 have been done by transconjunctival microincision system. In patients operated by 20-gauge, they have found 18 breaks, 11 sclerotomy related, 7 iatrogenic new breaks, and five dialysis. In 23-gauge patients four breaks and two of them were iatrogenic new breaks and they observed no retinal dialysis or sclerotomy related breaks in these cases.

**Mohammad Naeim Aminifard et al** in “Evaluation of Topical Phenytoin Eye Drop 1% Therapeutic Effects on Corneal Alkali Burns in Rabbit Model” have been shown that phenytoin drop is effective in improving epithelial healing in rabbit corneal alkaline burns. In two groups of 10 rabbits, the case group was treated with phenytoin 1% drop and the sham group with saline solution drops. They were followed for 14 days. The difference of healing in the case group compared with the control group was significant ( $P\leq 0.05$ ).

**Mohammad Reza Fallah et al** have presented “Indications for Temporary Keratoprosthesis, Anatomical and Visual Outcomes”. In a retrospective study, they investigated 58 eyes. The essential cause of visual impairments was trauma (74.1%; N=43). Poor visual outcome was seen in 84.5% (N=49) eyes. 43.1% (N=25) eyes developed phthisis bulbi. The corneal opacity is the main reason to perform keratoprosthesis which can be secondary replaced by an untraumatized graft.

**Mohammad Nasser Hashemian et al** in “Comparison of Visual Acuity, Contrast Sensitivity and Spherical Aberration after Implantation of Aspheric and Spheric Intraocular Lenses” have introduced 52 patients with the mean age of 55.7 years. They indicated that postoperative visual acuity did not show a significant difference between the two implanted groups but spherical aberration was significantly lower in eyes with aspheric implants and they had a better contrast sensitivity.

**S-Farzad Mohammadi et al** in their presentation “Induced Secondary Astigmatism and Horizontal Coma after LASIK for Mixed Astigmatism” describe a distinctive pattern of induced higher order aberration (HOA) after wavefront-guided LASIK for mixed astigmatism in six eyes. This HOA was detected with pupil dilation, specially in the amounts of secondary astigmatism and horizontal cornea during wet retinoscopy. Large kappa angle could cause these phenomena. This finding has been commented by Dr. Seyed Mohammad Ghoreishi.

**Bahram Eshraghi et al** present “A Case Report of Orbital Pseudotumor with Presentation like Orbital Cellulitis”. This is an idiopathic inflammatory tumor made up of a pleomorphic inflammatory cellular response and fibrovascular tissue reaction. Due to variety of symptoms; imaging and a complete work-up is necessary. The lesion responds quickly to corticosteroid therapy.

**Fedra Hajizadeh et al** report “Branch Retinal Vein Occlusion as A Coincident Ocular Sign of Systemic Primary Cytomegalovirus Infection in An Immunocompetent Status: A Case Report”. An immunocompetent 27-year-old male complaining of sudden unilateral decrease of vision presenting branch retinal vein occlusion and immunoglobulin G seroconversion indicating a presumed primary Cytomegalovirus infection.

**Mehrdad Mohammadpour et al** present “Surgical Management versus Spontaneous Resorption of Congenital Membranous Cataracts”. The spontaneous resorption of a congenital bilateral cataract in an adult woman with no systemic disease which was resorbed bilaterally. The left eye underwent anterior lensectomy and vitrectomy and posterior chamber intraocular lens implantation.

**Behrooz Koucheki** presents a case of “Axenfeld-Rieger Syndrome Associated with Subdural Hematoma”. He proposes that such patients should have periodical examinations for glaucoma and any coincident disorders.

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