

Introduction of photo essay

Dear Readers,

Greetings from the Editorial desk!

This issue brings you a bouquet of a wide variety of articles from different subspecialties. An interesting article: 'Fifteen-year trends in indications for enucleation from a tertiary care center in South India' by Sabyasachi Sengupta *et al* has found increasing trends in enucleations due to retinoblastoma and reduction of enucleations due to trauma, chronic uveitis, and glaucoma.

There has been a sea change in the doctrine of management of ocular trauma. The vast majority of open globes can be repaired without requiring primary enucleation. Secondary enucleation is most commonly carried out for pain. Eyes with no light perception can be closely observed if the patient chooses.^[1] The current scenario demands proper documentation of eye injuries for benefit of patients as well as doctors.

Any attempt to reconstruct an eye is useful to preserve the eye anatomically and keep the chance of a functional improvement, irrespective of an initial complete functional loss. This observation not only proves that a missing light perception is no contraindication to an attempt to reconstruct an eye anatomically. Despite repeated surgeries, the risk of sympathetic ophthalmia has not risen above 0.1–0.3% during the last four decades.^[2,3] On the other hand, evisceration seems to be no measure to prevent the development of sympathetic ophthalmia.^[4,5]

On behalf of the Ocular Trauma Society of India, an initiative has been taken for documentation of eye injuries in the country by developing "Indian Eye Injury Registry Form" which is available on the following link: <http://otsi.in/ieir.aspx>. The form is bound to undergo several improvements but I urge all of you to be part of this by documenting your cases of eye injuries.

Ophthalmology is a visual science in more ways than one. Its proper practice may depend more on detection of distinctive visual images and on recognition of characteristic visual patterns than does any other medical specialty. Our ability to observe most pathologic changes and surgical manoeuvres of the eye through transparent tissues is unsurpassed by other medical disciplines and probably accounts for much of the appeal that ophthalmology holds for many of us.^[6]

This issue will witness a new and exciting development for our journal – the introduction of photo essay.

A picture is worth 1000 words.... and a series of pictures is priceless!

Keeping with the trend of recent advances and rapidly developing technology, it was only a matter of time before we introduced photo essays in the *Indian Journal of Ophthalmology*.

Photo essays have been a trend in Ophthalmology Journals since the 1980s. Photography and imaging is now integral to diagnosis in our field and a boon to monitor progress of disease. Photoessays aim at highlighting the importance of utilizing the appropriate technology which is specific for certain conditions and the value of documentation.

I hope that the following photo essay will be the trend setter for this new development and act as an example and guideline for future submissions.

I look forward to many submissions.

S Natarajan

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Photoessay Guidelines

General

1. The word limit is 300 words for the discussion and introduction.
2. A minimum of four and maximum of eight photos can be sent.
3. Legends for figures must be not more than 150 words in total.
4. Photoessays are not a modality to present a rare case report but rather a way to teach the readers about the use of appropriate technology to reach a diagnosis.
5. The format will be Presentation (Case report) and discussion. References can be a maximum number of 5, no abstracts are required.
6. Only one photoessay will be accepted per issue.
7. The submitted photos can be Anterior Segment pictures, Fundus Pictures, Angiograms, OCT pictures, Visual fields, Topographs, or any other imaging technique used to reach a diagnosis including CT scan, MRI.
8. The picture can be cropped so that the relevant part is emphasized.
9. The cost of the photo print will have to be borne by the author however the cost for six to eight photos will still be charged for six photos only.

Submission

1. Double spacing of all words.
2. Title of not more than 10 words
3. Author name with the highest degree with a maximum of three authors.

Technical

1. Images should be optimum for print production Resolution should be 1800 × 1600 pixels or 8 × 6 inches with 300 dpi.
2. For print TIFF images are preferred. Submission of photos can be in the format of JPG, PNG, GIF provided they are of high resolution.

Sample Photoessay

Diagnostic monitoring in tracking progression: Best's disease

S Natarajan, Shachi Desai, Samita Moolani

Presentation

A 25-year-old male patient reported in 2010 with gradual diminution of vision in RE over the past 5 years. Best corrected OD Visual acuity was 6/18 and OS was 6/9. Amsler's chart showed central distortion in the right eye. Fundus evaluation revealed yellow egg yolk like lesion at the macula in both eyes, with the right eye being more affected.

The diagnosis of Best disease was made.

In 2011, he returned after an year with complains of further diminution of vision of right eye to 6/12.

Discussion

Best disease, an autosomal dominant disorder, is also known as adult vitelliform degeneration. It was named after Dr Franz Best, a German ophthalmologist, described the first pedigree in 1905.^[1] Disease remains asymptomatic for years and starts causing visual

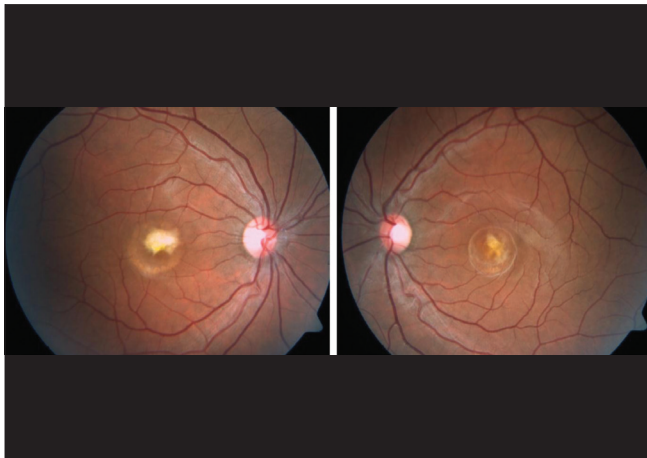


Figure 1: Fundus photo is clearly showing egg yolk like lesion in vitello-disruptive stage in the right eye and vitelliform in the left eye

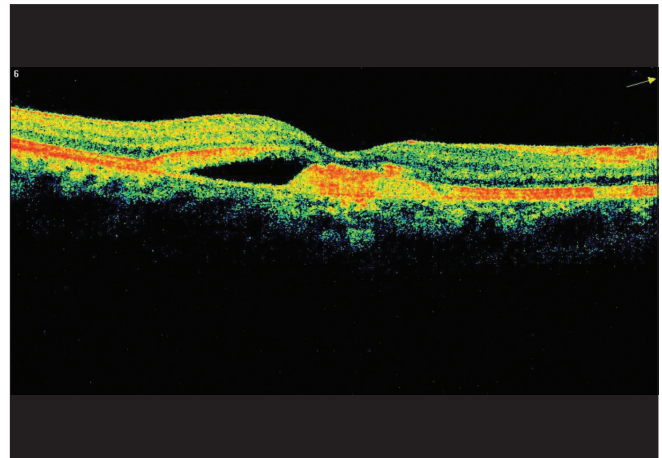


Figure 2: OCT scanning of the right eye shows typical changes at RPE level with thickening of RPE with neurosensory retina elevation in both the eyes



Figure 3: Fundus picture with autofluorescence revealed OD progression of vitelliform stage into pseudohypopyon: stage 5

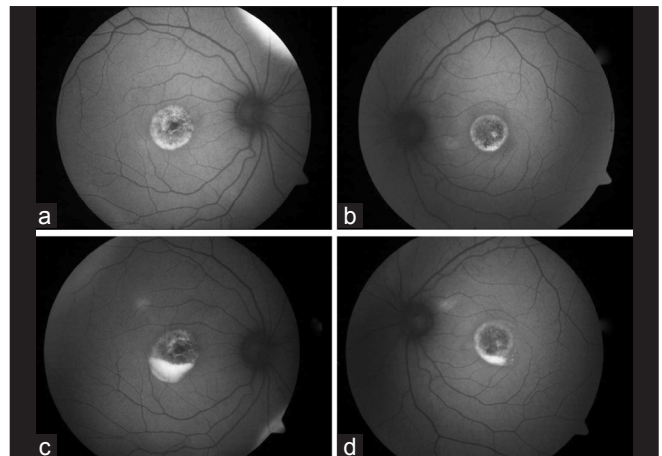


Figure 4: Photographs a and b show the right and left fundus autofluorescence of the right and left eye, respectively. Photographs c and d show the progression of the disease 1 year later


disturbances as it passes through its five stages. Asymmetric egg yolk like lesions at macula in both the eyes is usual presentation for the disease. Fundus photography is very helpful for documentation and follow up. OCT findings vary from thickening of RPE in early stages and atrophy in late stages.^[2]

References

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Announcement

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A free application to browse and search the journal's content is now available for iPhone/iPad. The application provides "Table of Contents" of the latest issues, which are stored on the device for future offline browsing. Internet connection is required to access the back issues and search facility. The application is Compatible with iPhone, iPod touch, and iPad and Requires iOS 3.1 or later. The application can be downloaded from <http://itunes.apple.com/us/app/medknow-journals/id458064375?ls=1&mt=8>. For suggestions and comments do write back to us.