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Editorial

This issue at a glance



Restrictive strabismus encompasses several conditions, all of which share the characteristic of one or more muscles being bound down and therefore preventing the eye from moving as its antagonist contracts. This may be caused by fibrotic changes in the muscle and orbit of congenital origin, autoimmune dysfunction, or iatrogenic cause. These very diverse disorders all share the property of preventing normal movement of the eye and often result in the development of amblyopia in the young child, and diplopia in the visually mature individual. In the group of iatrogenic cause include the fat adherence syndrome after retinal surgery,¹ improper reduction in orbital blow-out fracture, and restrictive problems related to strabismus surgery itself. In this issue of the *Taiwan Journal of Ophthalmology* (TJO), Seyhan B. Özkan addressed the restrictive problems related to strabismus surgery. The author reviewed the potential reasons, preventive measures and treatment options for postoperative restrictive problems. This article provided an excellent review related to the annoying situation for many strabismus surgeons.

A fire erupted over a large crowd, injuring 499 people in summer 2015 at a “Color Play Asia” party event at a Northern Taiwan water park. The fire is suspected to have been caused by a flammable starch-based color powder that was thrown on the crowd as part of the party event. The color powder created an extremely dense dust cloud, which immediately caused partygoers to be engulfed by flames when the powder ignited. In this issue, Yi-Lin Liao presented the starch dust explosion-related ocular injuries in a tertiary care hospital. A total of 40% of the victims suffered from ocular burns, which all classified Grade 1. The patients with a greater total body surface area (TBSA) presented more significant ocular burn manifestations than those patients with lower TBSA. Ocular injuries are common and potentially blinding in mass-casualty incidents. Key lessons learned included educating the public to stay away from closed spaces during disasters, promoting use of rigid eye shields by first responders, the importance of reliable communications, deepening the ophthalmology call algorithm,

the significance of visual incapacitation resulting from loss of spectacles, improving the rate of early detection of ocular injuries in emergency departments, and integrating ophthalmology services into trauma teams as well as maintaining a voice in hospital-wide and community-based disaster planning.²

Stevens–Johnson syndrome (SJS) is an acute inflammatory vesiculobullous reaction of the skin and mucosa, such as the ocular surface, oral cavity, and genitals. In patients with extensive skin detachment and a poor prognosis, the condition is called toxic epidermal necrolysis (TEN). Severe ocular complications appear in not all, but some of SJS/TEN patients who were diagnosed by dermatologists and cold medicines including multi-ingredient cold medications and nonsteroidal anti-inflammatory drugs (NSAIDs) were the main causative drugs for especially SJS/TEN with severe ocular complication in all SJS and TEN.^{3,4} Ueta et al³ made a very nice review on the phenotypes and genetic predisposition of SJS/TEN with severe ocular complications, which was related with cold medicine intake. The authors suggest that in addition to microbial infections and cold medicines, the combination of multiple gene polymorphisms and their interactions contribute strongly to the onset of cold medicine-related SJS/TEN with severe ocular complication.

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