

FOCUS ON THE POSITIVE



There's no denying that 2017 wasn't the best of years. Hurricanes, wildfires, and floods affected residences, businesses, and health care facilities, including some retina practices. Many lives were lost. On another level, we saw some disappointing clinical results for drugs aimed at treating retinal disease. Although, on the upside, the year did see the first approval of a gene therapy for an inherited retinal disease.

It's the beginning of a brand new year. Yes, some of our colleagues in California have been dealing with deadly mudslides, and other unfortunate events are bound to occur in the months to come. It's all a part of life. It's unpredictable and all too often unfair. We can take a page from what we often have to tell patients: Be realistic; face each obstacle head on; and create, find, and focus on the positive. For example, as mentioned above the realm of gene therapy is starting to heat up in our field. Think about how deeply that could change lives for the better. Telemedicine is another area that is advancing. We have a great article on the topic lined up for our next issue, so be sure to check it out. Another positive to focus on is the expanding applications for anti-VEGF therapy. What was at first looked at as a way to stop and in some cases reverse vision loss resulting from retinal disease is now showing promise as a way to prevent vision loss from occurring in the first place.

There are also some new and positive changes to note about *Retina Today*. The layout and design of our pages have undergone a bit of a facelift, and we have new columns planned and beginning in this issue, including a coding column (Coding Advisor, page 20) and photo essay (Visually Speaking, page 39). Drop us a line at RetinaEditors@bmctoday.com to let us know what you think. Remember: the new year has just begun—and it's full of promise. ■

ALLEN C. HO, MD
CHIEF MEDICAL EDITOR

ROBERT L. AVERY, MD
ASSOCIATE MEDICAL EDITOR

FOUR FAVORITES

Retina Today's choice takeaways from this issue.

1 "MIVS was a natural progression from 20-gauge systems, just as laparoscopy was a progression from large open wounds in general surgery."

FIFTEEN YEARS OF MINIMALLY INVASIVE VITREORETINAL SURGERY

Rohit Ross Lakhanpal, MD, and Janet Elise Bonin, BS

Page 45

2 "The recent West African outbreak has brought to light many important scientific and public health issues related to EBOV persistence, immunologic responses in EVD survivors, and opportunities to study EBOV reservoirs and seek more effective countermeasures."

UVEITIS IN EBOLA VIRUS DISEASE

Steven Yeh, MD, and Jessica Shantha, MD

Page 40

3 "The surgical approach for macular hole in combination with retinal detachment is slightly different from and more challenging than surgery for a typical macular hole without concurrent retinal detachment."

MANAGING THE MACULAR HOLE WITH CONCURRENT RETINAL DETACHMENT

Elizabeth A. Atchison, MD, and Kourous A. Rezaei, MD

Page 26

4 "Susac syndrome is a rare autoimmune endotheliopathy that should be considered in women aged 20 to 40 years with retinal vascular occlusions that lack vascular risk factors."

CAN'T HEAR, CAN'T THINK, CAN'T SEE: WHAT CAN THIS BE?

Lacie R. Hale, OD; Michael D. Weaver, MS; Ramesh R. Shah, MD, FICS; and Heeral R. Shah, MD; edited by Jordana G. Fein, MD

Page 33