Our field faces a unique conundrum. We are tasked with treating and operating on retinal tissue that is responsible for capturing light. If we expose that tissue to too much light during examination or treatment, however, the tissue may be compromised and our interventions are in vain.

Add to that situation this irony: the tissue responsible for vision is among the most difficult to visualize. We now have multimodal imaging technologies to meet these challenges. It’s a good thing our field is filled with more than a few innovators. The advent of OCT imaging allowed us to evaluate the effects of therapy in a cross-sectional manner. OCT, along with the simultaneous improvement in sophistication of other imaging modalities, broke the field wide open. From that point forward, anatomy could be quantified and visualized in ways that deepened our understanding of the retina—its structures, its quirks, and its responses to therapy.

The next wave of imaging innovation—namely, OCT angiography (OCTA) and ultra-widefield (UWF) imaging—is upon us. OCTA gives us unprecedented access to vascular networks; on page 29, Manish Nagpal, MS, DO, FRCS(Edin), and colleagues explore how OCTA findings correlate with microperimetry findings in patients with wet age-related macular degeneration.

UWF imaging helps clinicians explore the periphery, a challenging area to image; on page 36 of this issue, J. Fernado Arevalo, MD, PhD, and colleagues explore when and how UWF imaging is most useful in the clinic.

Some diagnoses entail a simple imaging scan; others are more complicated. On page 42, Priya Sharma, MD, and Chirag P. Shah, MD, MPH, detail how imaging can be used to diagnose hydroxychloroquine toxicity. The diagnosis requires a battery of examinations. Used singly, these examinations yield little definitive information. Used in concert with each other, the proper diagnosis can be made.

Imaging in the OR has taken leaps forward, too. On page 44, Thomas M. Aaberg, MD, MSPH, brings us to the OR of the future, a place where heads-up 3D imaging improves the outcomes, ergonomics, and teaching capacities for surgeons. Priya Sharma, MD, and Jeffrey S. Heier, MD, take a different view of the eye on page 50, as they explain how endoscopy can be a surgeon’s best friend during some of the most challenging cases.

Retina Today cannot exist without contributors. The publication’s writers volunteer their time, effort, and information for the good of retina. Their work is altruistic, and they believe (as do we) that their contributions can further the field, even if only a small bit here and there.

Sometimes, contributors excel in the volume and depth of their contributions. We feel the need to highlight three of those contributors here.

Priya Sharma, MD, collaborated with two separate colleagues to write a pair of cover focus articles for this issue. She also uploaded two videos to Eyetube.net to help illustrate her message about endoscopic viewing during surgery. Without her, it is fair to say, this issue’s cover focus would not have grown into one of its strongest to date.

Manish Nagpal, MS, DO, FRCS(Edin), a member of the Retina Today Editorial Advisory Board, also contributed two pieces to this issue. As section editor for the photography essay Visually Speaking (page 11), Dr. Nagpal has ensures that retinal imaging and visualization are covered in each issue of the publication. He also joined forces with two colleagues to contribute a cover focus article for this issue. If ever there were a retina specialist passionate about educating his peers, it is Dr. Nagpal.

Dean Eliott, MD, is responsible for this issue’s cover. When he heard that Retina Today’s April issue would cover imaging and visualization, he jumped at the chance to showcase the fine work produced by the team at Massachusetts Eye and Ear. Without his enthusiasm, our issue’s defining feature—the cover—wouldn’t sparkle the same way.