Core outcomes for geographic atrophy trials (see page 1196)

Core outcomes for geographic atrophy trials were identified that are relevant to patients, clinicians and researchers: functional outcomes (reading speed, near, distance and low luminance visual acuity), a patient-reported outcome measure, retinal imaging, and safety measures.

A prospective exploratory study to assess the safety and efficacy of aflibercept in cystoid macular oedema associated with retinitis pigmentosa (see page 1203)

This study demonstrates both the safety and acceptability of serial intravitreal aflibercept injections in patients with retinitis pigmentosa-associated cystoid macular oedema over a period of 12 months.

Real-world management of treatment-naïve diabetic macular oedema in Japan: two-year visual outcomes with and without anti-VEGF therapy in the STREAT-DME study (see page 1209)

This population-based analysis of treatment for diabetic macular oedema demonstrated that anti-VEGF therapy was not used for all eyes, however half of these eyes maintained good visual acuity of >20/40 after receiving any treatment.

Non-proliferative type 2 macular telangiectasia variant with subfoveal detachment: role of anti-VEGF therapy (see page 1216)

This study describes favourable outcomes of anti-VEGF treatment compared to observation in a rare subgroup of non-proliferative MacTel2, presenting with subfoveal detachment in the absence of subretinal neovascularisation on optical coherence tomography.

Changes in neovascular activity following fixed dosing with an anti-vascular endothelial growth factor agent over 52 weeks in the phase 3 VIEW 1 and VIEW 2 studies (see page 1223)

In eyes with neovascular age-related macular degeneration, fixed dosing with anti-vascular endothelial growth factor treatment eliminated disease activity in most eyes, as measured by both absence of leakage (fluorescein angiography) and fluid (optical coherence tomography).

The association between age-related macular degeneration and subjective cognitive complaints (see page 1228)

In this nationally representative sample of 5604 participants, presence of AMD was independently associated with higher odds of reporting subjective cognitive complaints, highlighting the importance of mental health screening among AMD patients.

Multimodal evaluation of central and peripheral alterations in Stargardt disease: a pilot study (see page 1234)

This study assessed central and peripheral retinal involvement in Stargardt disease by means of structural OCT, OCTA and ultra-wide field (UWF) imaging. We found that each UWF type is associated with a different degree of quantitative OCT and OCTA alteration, and different visual function impairment.

MRI of posterior eye shape and its associations with myopia and ethnicity (see page 1239)

The shape of the posterior eye is less oblate (longer) as the refractive error becomes more myopic. Ethnicity is related to eye shape, with Chinese eyes less oblate than Malay and Indian eyes.

Factors associated with non-active retinal capillary density as measured with Confocal Scanning Laser Doppler Flowmetry in an elderly population: the Thessaloniki Eye Study (see page 1246)

Non-active retinal capillary density at the peri-papillary retina in a population-based setting was associated with age, intraocular pressure, height and history of migraine. Further research can help identify any clinical significance for these findings.

Prevalence of myopic maculopathy in the German population: results from the Gutenberg Health Study (see page 1254)

The prevalent of myopic maculopathy is 0.5% in the German population and 10% in high myopes. These are the first myopic maculopathy prevalence data from Europe. Myopic maculopathy is refractive error and age-related.

Short axial length and hyperopic refractive error are risk factors for central serous chorioretinopathy (see page 1260)

Axial length (AL) of central serous choriotretnopathy (CSC) eyes was shorter than that of control eyes, and a shorter AL with greater spherical equivalent may be associated with the pathogenesis of CSC.

Surgical outcomes of centripetal non-fovea-sparing internal limiting membrane (ILM) peeling for myopic foveoschisis with and without foveal detachment: a follow-up of at least 3 years (see page 1266)

In a 3-year study, patients with myopic foveoschisis obtained anatomical and functional improvement from surgery. Centripetal, non-fovea-sparing ILM peeling with gas tamponade achieved surgical success and vision improvement without the occurrence of macular holes during a follow-up of at least 3 years.

Role of internal limiting membrane peeling in prevention of epiretinal membrane formation following vitrectomy for retinal detachment: a randomised trial (see page 1271)

Internal limiting membrane (ILM) peeling during vitrectomy for rhegmatogenous retinal detachment is significantly associated with epiretinal membrane prevention. However, there is no difference in the final visual acuity with or without ILM peeling.

Prediction of visual outcomes by an artificial neural network following intravitreal injection and laser therapy for retinopathy of prematurity (see page 1277)

Artificial intelligence could be used to predict visual outcomes in patients with prior treatment for retinopathy of prematurity. Predictions of spherical equivalent were more precise than visual acuity and best corrected visual acuity.

Refractive change in children with accommodative esotropia (see page 1283)

Overall hyperopia in accommodative esotropia decreases by ~0.071 diopeters per year. Hyperopia remains stable or increases up to age 7 years depending on baseline hyperopia, then decreases regardless of baseline refractive error.

Long-term functional outcomes of different sub-types of primary congenital glaucoma (see page 1288)

Long term visual outcomes among neonatal PCG eyes are worse than those with Infantile glaucoma. Amblyopia is the most
common cause of poor visual outcomes in these eyes.

Intermediate-term outcomes of pars plana tube insertion of aurolab aqueous drainage implant for refractory glaucoma (see page 1293)
The authors report pars plana implantation of a non-valved aqueous drainage device for management of refractory glaucoma with relatively few sight-threatening complications in the intermediate-term.

Is kidney function associated with primary open-angle glaucoma? Findings from the Asian Eye Epidemiology Consortium. (see page 1298)
The authors observed significant associations between reduced renal function and severe renal function decline with primary open angle glaucoma in combined subgroups of Koreans and Chinese individuals, but not in Asians overall.

Mechanism of fluid leak in non-traumatic corneal perforations: an anterior segment optical coherence tomography study (see page 1304)
On anterior segment OCT the authors observed that non-traumatic corneal perforations occur either by a direct track when the anterior chamber (AC) is shallow or flat, or by an indirect communication when the AC is formed.

Effect of noninvasive intranasal neurostimulation on tear volume, dryness, and ocular pain (see page 1310)
One session of intranasal neurostimulation increased tear volume and reduced sensations of dryness and ocular pain, independently of each other.

The influence of graft thickness and regularity on vision recovery after endothelial keratoplasty. (see page 1317)
In a series of endothelial keratoplasties followed for 3 years, grafts <50 µm featured quick visual recovery whereas high order aberrations and final visual acuity were not influenced by graft thickness/regularity.

Non-invasive intraocular pressure monitoring with contact lens (see page 1324)
A novel, inexpensive, non-invasive intraocular pressure monitoring system was created to track the progression of glaucoma. Utilising micro-fluidics embedded into a contact lens that the patient can wear throughout the day to track the intraocular pressure.