

Nigerian Journal of Ophthalmology Editorial Comments, May–August 2022 Edition

The Nigerian Journal of Ophthalmology is happy to present the second edition of its publication since it transitioned from a twice a year publication to a trice a year publication. Eight articles have been included in this second publication for the year 2022. They comprise six original articles and two case reports. They represent a wide range of ophthalmic subspecialty areas of interest to our readers.

The study by Sarimiye *et al.* examined the impact of coronavirus disease 2019 (COVID-19) pandemic on residency training in Nigeria through an online survey carried out on respondents recruited from 25 residency training institutions across five geopolitical zones of the country. They observed that there was a significant decrease in the number of patients attended to in the clinic per week, the time spent in consulting per patient, number of unit admissions per week, frequency of eye camps, outreaches per month, and the number of surgeries performed by the unit per month ($P=0.000$) in the COVID era compared to the pre-COVID era. Two-thirds of respondents felt that their posting schedules had been affected at least to a moderate extent, which in turn affected their eligibility for exams. They recommended a greater focus on online learning via webinars for discussions, training, updated courses, and surgical skill transfer. They also advocated for a better trainer–trainee and mentor–mentee relationships. They felt that this would improve trainers' input in their training, promote an emphasis on clinical skills acquisition and wet labs, and also bring about more objective examinations. In the area of service delivery, current crowd control measures were recommended to be sustained in the post-COVID pandemic era.

Umar *et al.* discussed the result of their rapid assessment of avoidable blindness study carried out in Jos North local government area (LGA) of Plateau State, Nigeria. They reported a very high prevalence of avoidable blindness (96.8%) and visual impairment (95%). Their values were considerably higher than VISION 2020 80% global estimate of avoidable blindness.^[1] They recommended the need to reorganize the existing eye care program and also integrate eye care services into the existing healthcare services that are not rendering eye care services in the LGA to reduce the burden of blindness and visual impairment.

Khan *et al.* from the L V Prasad Eye Institute, India compared the clinical profile and treatment outcomes of phacomorphic (PMG) and phacolytic glaucoma (PLG) as observed in a tertiary eye care facility in India. They reported that the time from onset of symptoms to presentation in the clinic was

longer in the PMG group of patients compared to the PLG group. Visual acuities and/or intraocular pressures at presentation were comparable in the two groups. Corneal decompensation or scarring was slightly higher in the PMG group. About a quarter of patients in the PMG group were initially misdiagnosed and treated as either primary open-angle or closed-angle glaucoma, whereas there was no misdiagnosis in the PLG group. They concluded that both PMG and PLG responded favorably to standard small incision cataract surgery (SICS) irrespective of their duration of symptoms. The final visual acuity gain and control of intraocular pressures were comparable in the two groups.

Ademola-Popoola *et al.* presented their review of retinoblastoma cases seen over a period of 7 years to highlight the changing pattern of the disease in the study center with deliberate efforts put in place to combat the disease. They observed that early disease stage presenting as leukocoria increased from 22.2% to 85.7%, while late presentation as proptosis declined from 55.5% to 10.7% between 2013 and 2019. Some cases were identified during vision screening done by community health workers during routine immunization at primary health care clinics. The median of the lag time (delay) between when symptom was noticed and presentation reduced gradually each year by 1 month, from a median of 9 months in 2013 to 4 months in 2018. They concluded that the observed patterns of retinoblastoma presentation were supported by deliberate efforts to educate the public and institute training across all levels of health care. Early retinoblastoma stage presentation to hospital and survival of children affected could be improved even in low-resourced countries when adequate interventions are put in place.

The article by Daromosu *et al.* presented the circumpapillary retinal nerve fiber layer thickness in normal eyes of Nigerian adults using spectral domain optical coherence tomography (OCT). They observed that there were variations based on ethnicity, similar to the observations by similar studies, which suggested that it may be important to use ethnic-specific benchmarks when interpreting OCT results for the management of glaucoma.^[2]

Kalambe *et al.* compared the serum vitamin C levels between normal adults and those with age-related cataracts. They observed low levels of serum vitamin C in >80% of participants. Serum vitamin C was found to have an inverse relationship with age-related cataracts. Their observations were similar to previous reports from similar

studies in India.^[3,4] They concluded that increasing intake of a vitamin C-rich diet may thus have a role to play in age-related cataract prevention.

The last two articles are case reports. The first of which deals with an unusual ocular manifestation of rubella syndrome in a 32-year-old Nigerian woman, while the second is a case of sarcoidosis affecting the eyelids. Both were reported by the authors to sensitize clinicians to the possibility of these unusual case presentations.

These very interesting articles await your perusal in the current edition of the Nigerian Journal of Ophthalmology.

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Conflicts of interest

There are no conflicts of interest.

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