

Editorial Comments: Nigerian Journal of Ophthalmology, September–December 2022

This issue of the Nigerian Journal of Ophthalmology delivers a wide variety of articles with relevance to different aspects of the practice of Ophthalmology. The themes of the articles range from barriers to uptake of free cataract surgery to hand hygiene practice among eye care workers; representing various ophthalmic subspecialty areas that should be of interest to our readers.

Okudo and Akanbi conducted a mixed-methods study in a community of north-central Nigeria to determine the proportion of screened cataract patients with vision $\geq 6/60$ that will utilize free cataract surgical services and to identify the barriers to uptake of the services. They report a higher utilization than an earlier study from southwest Nigeria in which the services were subsidized rather than free.^[1] This finding underlines the role that affordability plays in the uptake of cataract surgical services. The study also brings to the fore the positive influence of community participation in outreach activities.

Ceesay *et al.* report the findings of a cross-sectional survey among primary school pupils in the Ga West municipality of Ghana. Of a total of 765 children examined, 33 (4.3%) had moderate-to-severe visual impairment (MSVI) and refractive error was the most common cause of MSVI. The article highlights the importance of incorporating vision screening and refractive error services into school health programs in order to maximize the academic and social development of school children.

With recent advances, there are currently several options for intraocular lens implantation in cataract surgery complicated by a deficient posterior capsule.^[2] Vidhya and Shreeshruth investigated the association between surgeon's level of experience and visual outcomes of primary retropupillary fixated iris-claw lens (RPICL) implantation in 126 patients who had inadequate posterior capsule support. They found that the visual outcomes of patients operated by consultants were similar to those operated by resident doctors. In addition, the complication rates in both groups were almost similar. They conclude that the technique appears to have a short learning curve and is a beneficial option for less-experienced surgeons.

Frequent blood transfusion is still considered the mainstay of therapy in thalassemia.^[3] This is associated with the need for chronic use of iron chelators to prevent iron overload. Ramakrishnan *et al.* conducted a cross-sectional descriptive study of ocular morbidities among patients with thalassemia who were dependent on blood transfusion and iron chelators. The abnormal findings were all observed

in the posterior segment with some correlation observed between serum ferritin levels and ocular findings. Their study underscores the importance of frequent ocular examination for patients with thalassemia receiving frequent blood transfusion and iron chelators.

The role of hand hygiene in the prevention of infection is well established. This is the focus of the study by Uba—Obiano *et al.* in which they explored the perception of hand hygiene practice among healthcare workers in Onitsha, Nigeria. This was a cross-sectional study using the WHO hand hygiene perception questionnaire to assess the different domains of hand hygiene. They reported that majority of the participants had good-to-moderate perception of hand hygiene; however, running water and soap were not always available to the participants. The gaps in training were similarly identified in the study and this speaks to the need for retraining, reorientation, and provision of infrastructure to improve perception and practice of good hand hygiene among healthcare workers.

The case report by Ezeh *et al.* presents a rare case of laboratory-confirmed enterococci-related microbial keratitis in a 32-year-old male. The article emphasizes the need for a high index of suspicion as well as the need to strengthen ocular microbiology laboratory services for effective diagnosis and treatment of ocular infections in developing countries. Similarly, the case report by Karkhur *et al.* portrays the need for a high index of suspicion in the diagnosis of Fuchs uveitis syndrome, especially when heterochromia is subtle or absent.

Retinal artery macroaneurysm (RAM) is commonly associated with hypertension,^[4] but the case report by Mishra *et al.* shows that RAM can also occur secondary to head and neck radiation. Furthermore, the article demonstrates the importance of clinical acumen in eliciting crucial information during history-taking. Similarly, the case report by Uba—Obiano *et al.* draws attention to the need for careful clinical evaluation for systemic disease in patients with ophthalmic symptoms. It also indicates the value of close collaboration between ophthalmologists and other specialists.

In their letter to the editor, Monsudi *et al.* discuss the possible causes and effects of brain drain among Nigerian ophthalmologists. This is a topical issue that requires a multifaceted approach to its solution and the authors offer some suggestions on how to deter health workers from migrating abroad. This and other interesting articles await your perusal in the latest issue of the Nigerian Journal of Ophthalmology.

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