

Two Sides to Every Story

"Every truth has two sides; it is as well to look at both, before we commit ourselves to either."

—Aesop

At the most recent American Academy of Ophthalmology Retina Subspecialty Day, portions of the surgical program were devoted to 2-sided debates regarding different topics in medical and surgical retina. In this pro and con format, leading experts were given the opportunity to provide arguments based on clinical data and experience. Two of the issues discussed in the vitreoretinal section of these debates included the utility of scleral buckling in the era of small-gauge vitrectomy and the continued application of vitrectomy for diabetic macular edema (DME) in the setting of anti-VEGF and steroid injections.

In this issue of *Retina Today*, which focuses on vitreoretinal surgery, we invited Gaurav K. Shah, MD (pro: scleral buckling); Szilard Kiss, MD (con: scleral buckling); Tarek S. Hassan, MD (pro: vitrectomy for DME); and Julia A. Haller, MD, (con: vitrectomy for DME) to share their debates with our readers. Each has carefully outlined the rationale for their assigned positions on these issues, and the points made in these articles all have their merits.

Diversity of opinion is a good thing; having a

multiplicity of surgical options from which to choose is even better. The fact that these debates regarding surgical choices could be staged in 2013 is encouraging for our profession.

The available treatment options for retinal diseases have increased significantly over the past decade thanks to the innovative thinking of ophthalmologists, physicists, and engineers, and the research and development efforts of biologic, pharmaceutical, and surgical instrument firms. We are fortunate to have a multitude of surgical and pharmacologic approaches available to us and our patients. The expanding body of knowledge regarding the pathophysiology of posterior-segment diseases has led to an understanding that many conditions that we treat are multifactorial in nature.

Thus, regardless of where one might stand on a particular technique or approach to retinal disease, the availability of multipronged approaches may be advantageous. We know from experience that not all patients respond the same way to a given treatment, so the more options we have, the better it is for our patients.

We encourage you to read the articles herein and respond to the survey questions at the end of these debates so we can gauge the opinions of our readership. As always, we welcome your comments on the content of this issue. ■



Allen C. Ho, MD,
Chief Medical Editor

Robert L. Avery, MD,
Associate Medical Editor