# SOMETHING FOR EVERYONE





ou've undoubtedly heard the saying, "You can please some of the people some all of the time, you can please all of the people some of the time, but you can't please all of the people all of the time." These are wise words, and they apply to many situations, but at *Retina Today* we strive to prove them wrong by assembling content that offers something for everyone in each issue.

Take this issue, for instance. Whether you're in the mood for clinical content or more of a human interest touch, there's something in these pages to suit your fancy. On the medical side of retina we have three great articles on the topic of retinal vascular disease, from an overview of the pathology, to the role of imaging, to treatment tactics. But if that doesn't scratch your itch and you want to sink your teeth into some surgical content, our Retina Pearls column on surgically managing infectious endophthalmitis and our Global Perspectives column on epiretinal membrane peeling should do the trick.

Perhaps what you're really in need of is something a bit more inspirational. Getting a closer look at the factors that motivated the professional lives of your inventive colleagues in retina and other subspecialties in ophthalmology may be just the thing. You'll find out by turning to our Creative Minds feature series.

There's also something for everyone in the microcosm that is the field of retina. You probably realized this as you started your fellowship. Some of us lean toward the surgical side, others toward the medical side, still others toward the research bench. If one chooses to go even deeper, there are options for even more specialized or subspecialized pursuits. Maybe you've referred a patient with ocular melanoma—or uveitis—to one of these individuals. Maybe you *are* one of these individuals. In retina, just as in many other facets of life, there truly is something for everyone. Sometimes you just have to take a closer look. ■

ALLEN C. HO, MD

CHIEF MEDICAL EDITOR ASSOCIA

Mm. Ho, m Tobet Lang

ROBERT L. AVERY, MD
ASSOCIATE MEDICAL EDITOR

# **FOUR** FAVORITES

Retina Today's choice takeaways from this issue.

"After ERM surgery, the macula rarely returns to its original shape, even after months or years."

#### **ERM WITH GOOD VISION: SHOULD WE OPERATE?**

André V. Gomes, MD, PhD

Page 27

"Inflammation of the anterior segment and media opacity can be barriers to an early safe and effective PPV due to poor visualization of the posterior pole."

## SURGICAL TECHNIQUES FOR MANAGING INFECTIOUS ENDOPHTHALMITIS

David R.P. Almeida, MD, MBA, PhD, and Eric K. Chin, MD

Page 24

"Advances in the field of gene therapy make the accurate diagnosis of hereditary retinal dystrophies more important than ever."

### FIRST GENE THERAPY FDA-APPROVED FOR AN INHERITED RETINAL DISEASE

Meghan J. DeBenedictis, MS, LGC, MEd, and Aleksandra V. Rachitskaya, MD

Page 36

"I would just like to tell everybody to live every day like it is your last. Look in the mirror in the morning, and, if you are not living the life you want to live, then change it."

FELLOWS' FOCUS: A DIFFERENT PERSPECTIVE

Ferhina S. Ali, MD, MPH

Page 19