IMAGE ALL THE PEOPLE


Imagine there's no blindness. It's easy if you try. No diseased retinas, only healthy eyes. Imagine all the people … seeing every day. You may say we're dreamers, but we're not the only ones. We wouldn't be in this profession if we weren't. As retina specialists we have special relationships with our patients. As physicians we want what is truly best for them, which means preventing, reversing, and avoiding blindness. We are doing our part to pursue this ambition by using the latest imaging techniques and visualization technologies to screen for disease, track disease progression, and monitor treatment success.

The American Academy of Ophthalmology advises that adults age 40 and older with no signs of or risk factors for eye disease be screened.[1] Will this recommendation eventually grow to advocate that we image *all* the people? Time will tell. In the meantime, *Retina Today* will continue to feature articles that keep you up to date on new ways to image and visualize all aspects of the retina and surrounding areas. In fact, this very issue does just that.

To start things off Thomas R. Friberg, MD, shares his personal experience using adaptive optics (AO) to image patients with geographic atrophy over time (page 41). Still in its early stages, the technology is designed to improve the performance of optical systems. Being able to microscopically monitor retinal disease could have some serious benefits.

When your professional life revolves around retina you can't go long without a reference to optical coherence tomography (OCT). There are many different types of OCT technology, including OCT angiography (OCTA), and a common question retina specialists ask is whether OCTA is something in which they should invest. On page 44 John W. Kitchens, MD, addresses this question by examining the advantages and limitations of the imaging technology.

If you are curious about intraoperative 4-D microscope-integrated OCT then turn to page 54 to see what Hesham Gabr, MD, and Lejla Vajzovic, MD, have to say about the new types of information real-time image acquisition can provide to retina surgeons.

Another aspect of the world of visualization is that of the third dimension. In "Getting Specific About 3-D Visualization," Steve Charles, MD, offers insights into the features and benefits of the technology to make its implementation more successful (page 48). While some of us take new technology for granted, others, such as those in other parts of the world, are not as lucky to have the access that the rest of us do. Sometimes availability is a factor, other times the cost is prohibitive. The former was the case for Brazilian retina specialist Gustavo Hüning, MD, MBA, DiSSO, who teamed up with others to design his own 3-D viewing system. Read about it on page 50.

"The Lowdown on Fluorescence Lifetime Imaging Ophthalmoscopy" on page 58 closes out the cover focus. In this article Chantal Dysli, MD, PhD; Sebastian Wolf, MD, PhD; and Martin S. Zinkernagel, MD, PhD, describe how a novel mode of diagnostic imaging, referred to as FLIO, provides new information about retinal disease. The authors propose that FLIO might be used for early detection and follow-up of subtle retinal changes.

On a final note in this last issue of 2017, we wish you all a safe and happy holiday season. ■

Allen C. Ho, MD,
Chief Medical Editor

Robert L. Avery, MD,
Associate Medical Editor

1. American Academy of Ophthalmology. Get screened at 40. www.aao.org/eye-health/tips-prevention/screening. June 8, 2014. Accessed November 14, 2017.