

EDITORIAL

In Ophthalmology diagnosis and therapy are basilar. In the paper by Baser, published in this issue, the Authors consider the importance of the IOP measurement in healthy individuals. They stress that IOP may significantly change due to some simple daily activities such as speaking, carrying a/or reading. There is lack of knowledge about the changes of IOP in glaucoma patients.

About new visual field assessment, international Literature is full of papers about conventional and non-conventional methods such as Frequency Doubling Technology (FDT) and for instance, Rarebit perimetry. A new tool is surely interesting mostly if sensibility and specificity are high, compared to other widespread visual system assessment technique. Another important factor underlined by Hellman and Co-Authors is that this tool is actually free and it is possible to download in the personal computer of any ophthalmologist.

As for ocular surface diseases, as underlined by Brzheskiy and Co-Authors, any new therapy is welcome. All the ophthalmologists know how our patients suffer from this more or less severe disease. Any therapy useful to reduce pain, burning, and itching of our patients is a useful tool for any ophthalmologist facing this kind of disease, mostly when there is an improvement of break-up time (BUT), bengal rose and lissamine green techniques and ocular surface disease index (OSDI), associated to a clinical positive feed-back of our patients.

Surely future diagnostic and therapeutic tools and clinical and basic research are welcome and encouraged by international Ophthalmology.

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