

Guest editorial

Ophthalmology

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Welcome to this edition of *CME*, dedicated to ophthalmology. I have always believed that the general practitioner (GP) is the backbone of medicine in South Africa and the more the GP is equipped to manage medical conditions, the better for the patient. The same is true for ophthalmology. Often the patient's final visual acuity will depend on diagnosing early, correct initial management and timely referral to the ophthalmologist.

In this edition, the authors have tried to address practical aspects of ophthalmology to enable the GP to serve their patients better.

There is a story of a new doctor who opened his practice at Verkeerdevlei in the Free State. For many years there was no GP in this small rural town and the husband and wife were enthusiastically looking forward to their visit.

'Good morning, doctor', the wife said. 'We are so happy to have a GP in Verkeerdevlei again! I can no longer see very well and struggle to read *Die Volksblad* and the Bible. The visual loss started gradually and it feels like mist in front of my eyes.'

'I am sorry, but I do not know much about eyes! I will refer you to an ophthalmologist in Bloemfontein,' the GP replied.

'Oh,' said the woman, very disappointed.

'But perhaps you can help my husband! He has a funny skin condition and none of our "boererate" seems to help him! What do you think is the problem?'

'I really do not know anything about dermatology,' the doctor replied. 'What I do know is that sometimes steroids work and at other times they don't work. I will refer your husband to a dermatologist in Bloemfontein.'

Without saying good-bye to the doctor, the wife said to her husband: 'Johannes, I think it is time for us to leave!' When they walked

out of the doctor's office, the receptionist overheard the wife saying to her husband: 'I think our new doctor doesn't know anything! Do you think he will have the audacity to send us a bill for coming here unnecessarily?'

This story illustrates the concept that GPs must not only be referral agents. Taking a good history, doing a proper examination of the patient and taking the time to communicate well with the patient, will go a long way towards establishing trust between doctor and patient.

If the doctor had been prepared to discuss the possibilities of what was wrong with the two patients in the story above, for example looking for a cataract in the wife, he could have come over as a caring doctor who referred the patient with a possible diagnosis. And after a successful cataract operation, the patient would have been very grateful to the GP for picking up what was wrong and helping her in the first place.

There are so many exciting new developments in ophthalmology that it is virtually impossible to keep up with everything. Fortunately, most of the time, you have time to consult a colleague or get an expert opinion. Remember – know the normal appearances of the eye and you will be able to recognise the abnormal when you see it.

Highlights in this edition of ophthalmology include the comprehensive article by Dr Visser on HIV and the eye. This overview covers the external eye manifestations (orbital and adnexal), as well as the anterior segment, posterior segment and neuro-ophthalmic manifestations of HIV in and around the eye.

More about neuro-ophthalmology may be found in 'An overview of the third, fourth and sixth cranial nerve palsies' by Drs Marais and Barrett.

Jan Olivier addresses common conjunctival lesions while Drs Ballim and Parbhoo discuss

corneal ulcers. The paediatric ophthalmic examination can be challenging, but Dr Du Bruyn makes it much easier for the GP to perform this important examination.

Diabetic retinopathy is a very serious complication of diabetes and many patients are referred to the ophthalmologist at a very late stage of their disease. These patients should receive laser treatment, for example panretinal photocoagulation, or a pars plana vitrectomy much sooner. Dr Rice discusses the issue of screening for diabetic retinopathy.

In the last decade there have been several advances in the knowledge and understanding of chemotherapeutic drugs for the treatment of ocular cancer. Dr Dolland provides a very helpful article titled 'Chemotherapy in eye cancer'.

Steroids have an important role to play in the management of eye disorders. We are all aware of the serious complications of steroids, systemically as well as locally (cataract, glaucoma, delayed corneal healing, activation of herpes simplex keratitis, etc.) Dr E Janse van Rensburg and Professor Meyer write on this very important subject in their article on astute and safe use of topical ocular steroids in GP practice.

Dr Julia van Rensburg summarises chemical injuries, and the article on simulation in ophthalmology by Dr Labuschagne describes an interesting development in medicine and also in ophthalmology.

The article titled 'Glaucoma: The least the GP should know' summarises the basic concepts regarding this progressive and blinding disease that affects 1 in every 40 patients over the age of 40 years.

Enjoy this edition of ophthalmology.

I wish to thank Dr Bridget Farham and her excellent team for dedicating this edition of *CME* to ophthalmology – the queen of the specialties.