From the Editor

Telemedicine and artificial intelligence come to the fore

We have reached our third issue for 2020 – time seems to have passed by so quickly despite us still being caught in the Covid-19 pandemic and it is likely to remain with us well into 2021. We, true to the human spirit, have adapted in various ways to our ‘new’ reality. Our ophthalmology practices have evolved and continued, albeit in reduced capacities, despite the restrictions that have been placed on us.

In June 2020, we had our first virtual WOC Congress which was an unusual experience in that we were unable to attend in person or meet our colleagues in the flesh. Virtual meetings, lectures, webinars and the like, seem to have become the order of the day. Our consulting rooms, as well as examination instruments and machines, have been adapted to limit the spread of Covid. Our lives have changed drastically, at least for the foreseeable future. We are now in the phase of re-escalating our services within the restrictions that Covid has placed on us. Once again, we are facing challenges, but the safety of patients and staff remains our priority.

Telemedicine and artificial intelligence have come to the fore during these times, since the ‘new normal’ requires physical distancing, minimal contact, quick examination and a flexible layout. Fees for telemedicine consulting are being revised and restructured. The FDA has recently approved the use of the EyeArt Autonomous Artificial Intelligence System for diabetic retinopathy screening. This system has a 96% sensitivity and 88% specificity for detecting more than moderate retinopathy, as well as a 92% sensitivity and 96% specificity for detecting vision-threatening retinopathy. It is currently only approved for use with Canon fundus cameras. We are living in times when, as the saying goes, ‘the only constant in life is change’.

In this issue we have our usual review article, three original studies and a case report. Our review article focuses on fungal keratitis and gives a brief but comprehensive overview of the topic. The original studies include an article on the outcomes of outreach cataract surgery services in our country and recommendations for their improvement; an interesting study on describing the use of tear meniscus height measured by optical coherence tomography – a recent approach that has been developed in the assessment of dry eyes; and a questionnaire-based study on the perception of stigma among patients with strabismus at an eye clinic in Southwestern Nigeria. It is good to see that submissions to the South African Ophthalmology Journal have started to expand beyond our borders on an increased basis. The case report in this issue describes a novel finding in a rare disease and makes for interesting reading.

On another note, we are pleased to report that Google Scholar listing was achieved with our last South African Ophthalmology Journal issue and the full issue can be found at this link: https://bit.ly/31RG6wY

Our publishing manager is still working on getting individual articles to appear when authors’ names are searched on Google Scholar. He has done the journal a great service with the progress made with indexing thus far. We will also retrospectively list all our peer-reviewed South African Ophthalmology Journal issues – back to September 2018. Of course, indexing with SciELO, Pubmed/Medline and Scopus remain part of our long-term plans. Please continue to support us with your valuable submissions.

The South African Ophthalmology Journal team encourages all our readers to continue to stay safe during the waning Covid crisis.

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