

# The Disreputable History of Case Reports in Ophthalmology

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### Editorial

Only authors know how tough is today to publish an interest case report in ophthalmology. Even the case is not previously described and for sure its publication will help other clinicians to better treat their patients, many submitted case reports are rejected quickly by most clinical journals.

Although it's noticeable that some case reports still make a valuable contribution to medical literature [1], there is a trend to think that the reputation of the journal depends on the lower case report published. Often, you will find them at the end of the journal, after the editorials and scientific studies. It is true that the description of a case report takes less time than the design and the performance of a prospective study. Besides, the impact factor of the journal might easily grow publishing scientific studies. However, the reader will find more information to use in clinical practice in case reports, as it's a challenge way to learn more about its specialty.

In Ophthalmology, case report could be also a technique for teaching new advances in clinical images. *In vivo* histopathological images of the retina and the optic nerve using the High Definition Optical Coherence Tomography (HD-OCT) have completely change the way to follow retinal, glaucoma and neuro-ophthalmology diseases [2]. Spectralis OCT (Heidelberg Engineering, Dossenheim, Germany) provides high-speed and high resolution imaging of the Retinal Nerve Fiber Layer (RNFL) compared with other types of OCT [3]. Several authors have reported its diagnostic capability for glaucoma disease [4-6] and retinal diseases [7].

OCT also allows the quantification of Ganglion Cells (GC) of the retina. Thinning of GC layer in the retina has been related with multiple sclerosis with or without optic neuritis [8], Alzheimer's disease [9] and Parkinson's disease [10] and it may serves to detect the progression of these diseases. Besides, in optic chiasm syndrome, OCT could quantitatively detect the band atrophy [11]. We also have published that in eyes with optic nerve head drusen, GC analysis is more accurate than the common analysis of retinal nerve fiber layer [12].

For these reasons, if there is an OCT at your disposal and you don't use it, this is a cause of the ignorance of the benefits it can report to you and your patients. After reading some case reports in which the OCT would be the key to discover the pathology of the patient or the progression of its disease, the ophthalmologist will learn how to use it and in which patients will report more information.

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