

Preparing *Hong Kong Journal of Ophthalmology* to apply for indexing next year

In this issue, Au et al¹ report on the outcomes of hyperbaric oxygen therapy (HBOT) for central retinal artery occlusion (CRAO) with symptom onset ≤ 6 hours after failed emergency bedside ocular treatment. Among 60 patients aged 27 to 89 years, the mean best-corrected visual acuity (BCVA) improved from 2.02 ± 0.36 (range, 0.7-3.0) logMAR (Snellen equivalent to around hand movement) to 1.53 ± 0.61 (range, 0.1-3.0) logMAR (Snellen equivalent to 20/640), with an improvement of 0.49 ± 0.57 logMAR ($p < 0.00001$). 39 (65%) eyes had improvement, whereas 20 (33.3%) eyes had no improvement and one eye had a decrease in BCVA. Given BCVA of light perception or worse cannot be accurately converted to LogMAR, the authors excluded 15 such patients. Further analysis of the remaining 45 patients showed that the mean BCVA improved from 1.87 ± 0.25 (range, 0.7-2.0) logMAR (Snellen equivalent to 20/1400) to 1.41 ± 0.63 (range, 0.1-2.0) logMAR (Snellen equivalent to 20/500), with an improvement of 0.47 ± 0.63 logMAR ($p < 0.00001$). Although the improvement of BCVA after HBOT is significant, readers may doubt whether Snellen equivalence of 20/640 in the overall group and 20/500 in the subgroup is clinically significant and better than the natural history of untreated eye. In a prospective study on the natural history of visual outcome assessed by fluorescein fundus angiography in patients with CRAO, significant improvement in vision can occur without treatment in certain eyes, and the visual outcomes are highly varied.² Conversion of the Snellen chart to logMAR may be arbitrary and inaccurate not only for light perception and no light perception but also

for finger counting and hand movement. Various conversions are recommended.³ It would be interesting to further analyze the subgroup that exclude eyes with poor visual acuities. Ideally, a randomized controlled study comparing treated and untreated eyes with CRAO of the same type may provide more guidance.

We are working closely with the Hong Kong Academy of Medicine (HKAM) Press to prepare the *Hong Kong Journal of Ophthalmology* for indexing next year. Key issues that we are dealing with include: applying for ISSN for the online version, adding Editorial Office staff and Publisher (HKAM Press) information to 'Editorial Team' page in the website, and adding information for advertisers. We would also like to adopt a 'continuous online publication' model whereby papers are published online soon after acceptance. For the time being, the print version would still be published in June and December each year.

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