

**From the Desk of Chief Editor:
Corneal Blindness in Indian Scenario**



Greetings from Innovative Publication

With esteem pride and pleasure and sense of satisfaction I present before you the second issue of Indian Journal of Clinical and Experimental Ophthalmology. The recognition of IJCEO gate confirmed by observing the response to first issue and the number of quality articles we are receiving including many libraries subscribing it. I convey my sincere gratitude to all the members of editorial board, reviewers and authors. I am extremely thankful to readers and critique who will helped us to shape the journal.

We started IJCEO after realizing that number of good ophthalmic research papers has remained unpublished due to only few peer reviewed ophthalmic journals in India. I feel, we will be able to bring out the IJCEO with regular intervals with high quality articles. We have increased, our list of members in the editorial board, reviewers and national & international advisory boards. IJCEO will soon gate indexed with **PubMed**. Third issue will be published on Orbit, Ocular Oncology and Oculoplasty subspecialty. I would like to take this opportunity to highlight corneal blindness in this part of Northern India. In the developing world, corneal opacity account for approximately 15 % of treatable blindness, secondary only to cataract[1].

The major causes of corneal blindness in developing countries are vitamin A deficiency and infectious corneal ulcer following ocular trauma mainly by plant[2]. In spite of the best available treatment modality about 50% of them become partially or completely blind[3]. The poor result among these patient are due to severity of injuries and infections, delay in seeking ophthalmic care. Late presentation of patients of corneal ulcers in developing countries are due to ignorance, illiteracy, inaccessibility of health care facility & inappropriate primary care.

Management of fungal corneal ulcer remains challenging as fungi produce extracellular enzymes and toxins which may aid in the invasion and destruction of ocular tissues which in turn, leads to vision loss [4]. We need a holistic and comprehensive approach to tackling corneal blindness. In this issue there are interesting articles related to corneal blindness, on corneal ulcer and pediatric ocular trauma in Northern India.

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