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**W**e truly live in an era of information overflow. Thus, it is important to promptly obtain an overview of the latest advances and grasp new trends within any subset of ophthalmology. Textbooks now tend to be outdated even before release and many of us instead rely on pertinent, timely and accurate reviews. While reviews will never replace original articles, they add significantly to their value by rapidly increasing the dissemination of knowledge. In this issue of *European Ophthalmic Review*, there is a wide range of exciting papers reviewing the basic science and clinical aspects of many issues in ophthalmology.

Our diagnostic potential in glaucoma is constantly increasing, yet the multitude of available techniques can easily cause confusion. Here we are now helped by Bochmann and Azuara-Blanco in their excellent review of the relative value of imaging modalities used to assess the nerve fibre layer and optic nerve head. In another article, Termote and Zeyen from Leuven, Belgium focus on techniques available for the study of both function and structure to more promptly detect progression in glaucoma. Traditionally, surgical management of glaucoma has involved one or more of a range of filtering operations. Safety issues have now brought forward a new focus on non-penetrating or minimally penetrating procedures, in particular those targeting Schlemm's canal. In this area, Mattias Grieshaber from Basel, Switzerland is able to provide us with an exciting outline of current knowledge and a glimpse of what is to come.

Ocular wound healing largely depends on the formation of scar tissue. However, ocular scarring not infrequently gives rise to side effects, such as loss of corneal transparency. Hence, the importance of modulating ocular scarring is increasingly relevant for many aspects of ocular surgery. Herein, Ellis and associates outline the role of growth factors in ocular scarring and offer potential avenues to modulate the wound healing process.

There seems to be an endless range of potential drug combinations that may be used to combat neovascular age-related macular degeneration (AMD), but Augustin and Scholl give us a timely and structured review of such therapies and provide evidence for the value of some of these combination therapies in wet AMD. The claimed value of protecting the retina from the 'blue light hazard' to reduce the risk of subsequent AMD is arguably one issue still dividing the ophthalmic community. In this issue of *European Ophthalmic Review*, we are helped by a paper from Wenzl and associates, who include an update on the use of yellow intraocular lenses to block blue light and hence potentially protect the retina.

I am convinced that these outstanding reviews offered by a panel of internationally recognised authorities will help the readers of *European Ophthalmic Review* to shape an opinion of their own and assist them in their daily practice. ■

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