
Preface

Dr. Sainz de la Maza published the first edition of this text on the sclera over 18 years ago, as a consequence of Dr. Sainz de la Maza being unable to find a copy of a monograph on the subject by Dr. Hazleman and Mr. Watson upon her return to Spain after her fellowship in Boston with me in Ocular Immunology and Uveitis. She had fallen in love with my copy of that book, and was stunned and depressed when she discovered that it was out of print and that none of the libraries in Barcelona possessed a copy of the book. Cunning catalan that she is, she connived to obtain a Fulbright scholarship to return to Boston for another year of fellowship with me, with the prime objective of exploiting my collection of patients with scleritis (and me) for the production of a book on the sclera. The text turned out to be a huge success, selling out, and hence the invitation from Springer Verlag was forthcoming for us to produce a second edition of this work. It has been a pleasure to work once more with Dr. Sainz de la Maza on this project, producing this updated work on a subject which is widely neglected and for which, therefore, there is need for such a work.

The sclera composes 80% of the geographic extent of the exterior confines or wall of the eyeball, yet it receives relatively little attention in the ophthalmic literature. This is understandable, given the fact that disorders of the sclera are not common and the fact that, when relatively minor problems of the sclera do develop, healing without consequence is the usual outcome. After all, a scar in the sclera is of little importance, because the sclera is an opaque structure. Such a scar in the cornea, or an opacity in the lens or vitreous, or a scar in the macula, of course, carries infinitely more visual significance. But it is exactly this rarity of significant sclera problems, coupled with the profound systemic implications that some inflammatory disorders of the sclera carry, that makes studies of the sclera and its disorders important. Indeed, a substantial proportion of individuals who develop serious sclera inflammation are discovered to have an occult systemic disease; in *The Sclera and Systemic Disorders*, Watson and Hazleman¹ emphasized that 27% of patients who develop necrotizing scleritis are dead within 5 years from a systemic, vasculitic lesion. Watson and Hazleman also emphasized that because of the comparative rarity of sclera disease, the diagnosis is often

¹ Watson PG, Hazleman BL: *The Sclera and Systemic Disorders*, WB Saunders, Philadelphia, 1976.

missed, and 40% of eyes reported in one series of enucleated eyes had had a primary diagnosis of scleritis.

We began with all that we had learned from Watson and Hazleman and built on that excellent foundation. The basis of our current experience springs from the Massachusetts Eye Research and Surgery Institution (MERSI) in Cambridge, Massachusetts, and from the Hospital Clinic of Barcelona, Spain, dating from 2005, both devoted to the study and care of patients with any inflammatory problem related to the eye, from the lids to the optic nerve. The first Research Fellow joined the service of Dr. Foster in 1980, and the first Clinical Fellow arrived in 1984. Between 1977 and 2011 approximately 150,000 patient visits have occurred, approximately 10,000 new patients have been evaluated, and 110 Ocular Immunology Fellows have been trained in the service. Dr. Sainz de la Maza was one of those Fellows, and in the course of training she developed a special interest in and affinity for patients with scleritis. It was her initiative that was at the heart of the genesis of this project, and it is entirely through her efforts that this project has been successfully completed.

Our hope is that this book will serve as a resource for residents in ophthalmology, for cornea and immunology fellows in training, and for those ophthalmologists in practice and on faculties who have an interest in patients with diseases of the sclera. The majority of the book is devoted to sclera inflammation because scleritis represents, by far, the most common sclera disorder encountered in ophthalmic practice, and because of the profound systemic implications of scleritis. The references at the end of each chapter, although not exhaustive, are generous in number and should provide the reader with more than enough original source material for further reading. Finally, we would enthusiastically encourage you to read the book *The Sclera and Systemic Disorders*, second edition² as well as this one.

Cambridge, MA, USA

C. Stephen Foster

²Watson PG, Hazleman BL, Pavesio CE, Green WR: *The Sclera and Systemic Disorders*, Elsevier Limited, Philadelphia, 2004.

The Sclera

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