Dear Editor,

In Latin America, medical services, especially ophthalmology, conform to a particular scenario: Despite a vast majority of poor people with very restricted access to prompt and good quality health services, there are a number of health systems with well-equipped and well-staffed facilities, offering so-called “first-world” medical attention, that primarily serve the growing middle class population.

There are also regional divides within Latin American countries. In major cities, where the highest levels of technology and ophthalmic subspecialty care are available, fellowship programs are attended by local and foreign young ophthalmologists, who are encouraged and trained to achieve standards common to North American and European institutions. These same standards may not be possible in rural and other nonurban settings where advanced technology may not be available.

Health care in Latin America is divided into 2 main sectors: government-based public care and private practice. Public opinion holds that a lack of government funds is oriented toward public health care at all levels, from patient education to support for health teams to tertiary care centers. This background helps to explain why private groups and individuals have been almost exclusively responsible for advances and achievements in ophthalmology practice and knowledge around the Latin American region.

The Pan-American Association of Ophthalmology (PAAO) has played an invaluable role in the development of retina and vitreous as a subspecialty in Latin America, among its many others contributions to the improvement of ophthalmology in the region. This has been accomplished by teaching programs and meetings sponsored or organized by PAAO since its inception.

Starting in the second half of the 20th century, a small number of Latin American ophthalmologists made great efforts to travel to the United States and Europe for training in retina and vitreous as a subspecialty. As a result, the ophthalmologists trained in these fellowships brought home priceless knowledge to share with their colleagues, thereby upgrading the level of vitreoretinal practice in their homelands. In addition, numerous formal fellowship programs have been initiated around the region, expanding young surgeons’ opportunities for training in the subspecialty without leaving their own countries. Even today, however, there is a very competitive environment that makes it hard for interested ophthalmologists to find a place to complete a fellowship program in Latin America, the United States, or Europe.

Any description of retina and vitreous practice in Latin America must make mention of 4 groups that have helped to develop the subspecialty in the region. In order of their founding, these are the PAAO, the Latin American Group of Ocular Angiography, Laser and Vitreoretinal Surgery (GLADAOF); The Pan-American Retina and Vitreous Society (PRVS); and The Pan-American Collaborative Retina Study Group (PACORES).

PACORES was founded in 2006 during the World Ophthalmology Congress in Sao Paulo, Brazil and currently comprises 19 centers from 13 countries in Latin America. The work done to date by PACORES shows that it is possible to produce high-quality scientific work in a developing region of the world. At this time PACORES has published more than 40 papers making PACORES one of the most prolific multicenter groups in ophthalmology on the planet. This can be accomplished by pooling talent, working hard, encouraging camaraderie, and strictly following scientific principles. The PACORES initiative has now started to be imitated by other ophthalmic subspecialty groups affiliated with the PAAO. These efforts are helping to raise not only the academic level of the group’s own research but also that of ophthalmology as a whole in Latin America, altering traditional negative perceptions of our specialty. All of these changes are undertaken in order to provide continually improving medical care to our patients, our main goal.

In this Retina theme issue, the influence of Pan-American efforts over the years is evident. Members of these major organizations contribute with articles on widefield fluorescein angiography-guided laser treatment in pediatric retinal disease including Coats’ disease and familial exudative vitreoretinopathy (FEVR), pars plana vitrectomy in the primary treatment of diabetic macular edema, telemedicine for retinopathy of prematurity (ROP), retinal imaging including an overview of current, state-of-the-art retinal imaging technologies, as well as highlights of many emerging imaging technologies that are likely to transform the provision of eye care, and finally interesting and didactic case reports. The quality of this material demonstrates the development of the subspecialty in our region and worldwide collaboration pioneered by PAAO and PACORES.

The etiology of retinal diseases is multifactorial. Therefore, the study of the important aspects of the pathogenesis and molecular pathways involved in the development of retinal diseases has led to the development of improved therapies that have come into use in clinical practice. Additional promising therapeutic agents are currently being evaluated in clinical trials and additional molecular targets are being evaluated. Combined therapies targeting multiple pathways may yield synergistic treatment responses as several cytokines may be involved in the development of many retinal diseases. Retinal imaging as described in this Retina theme issue is key to advance our understanding of retinal diseases.

Reference