

Special Issue on  
**Diabetic Eye Disease: Microangiopathy,  
Neurodegeneration, and Inflammation**

# CALL FOR PAPERS

Diabetes mellitus is a worldwide epidemic disease with a fast growing number of affected people. The eye is precociously affected in diabetes mellitus, as demonstrated by both biochemical studies and functional studies in animals and humans. Diabetic eye disease is a very severe complication accounting for a significant cause of visual impairment in working age population. The most common complications include diabetic retinopathy and diabetic macular edema, but also all other ocular tissues are affected.

Recently, there has been an increasing interest in the development and validation of new biomarkers (diagnostic, prognostic, predictive, and response) for diabetic retinopathy and diabetic eye disease. These efforts may have crucial implications in both research and clinical realms. Moreover, the assessment of ocular changes (e.g., corneal nerves abnormalities) may provide useful information on systemic complications of diabetes mellitus.

We invite the authors to submit original investigation as well as review articles.

Potential topics include but are not limited to the following:

- ▶ Biochemical biomarkers of diabetic eye disease (inflammation, neurodegeneration, oxidative stress, advanced glycation end-products related, growth factor related, lipid/lipoprotein related, hematologic, nutrition related, vascular tone related, etc.)
- ▶ Molecular biomarkers of diabetic eye disease (DNA based, epigenetics, RNA based, proteomics, metabolomics, lipidomics, and glycomics)
- ▶ Clinical ocular biomarkers of diabetic eye disease (new imaging techniques evaluating morphologic and functional parameters)
- ▶ Ocular biomarkers of systemic complications of diabetes mellitus
- ▶ New insights into assessment and management of ocular microangiopathy, neurodegeneration, and inflammation

Authors can submit their manuscripts through the Manuscript Tracking System at <http://mts.hindawi.com/submit/journals/jdr/oibd/>.

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