Aphakia is a condition in which the crystalline lens of the eye is not present in its normal position following surgical removal, perforating injury, congenital anomaly, or dislocation of the lens. It causes loss of accommodation, high hyperopia, and anisometropia.

The management of aphakia can be either conservative (spectacles or contact lenses) or surgical [1]. Surgical management of aphakia concerns both anterior and posterior segment surgeons and can be a real challenge, especially in paediatric patients where the visual system is still immature; because the child’s eye continues to grow during childhood, certain complications are not acceptable [2–4].

In this Special Issue published in the *Journal of Ophthalmology*, Sidiropoulos et al. presented a new sutureless scleral fixation technique using a single-piece foldable acrylic Carlevale intraocular lens which they inserted in 27 eyes of 27 patients with poor capsular support [5]. The mean postoperative refraction at 6 months was $-0.5 \pm 0.99$ D, while the postoperative complications were either resolved spontaneously or treated medically without the need for further surgery.

Massa and colleagues from the Geneva University Hospitals presented the SWISS IOL, a new minimally invasive technique for the scleral fixation of intraocular lenses (IOLs) in eyes without capsular support [6]. The postoperative spherical equivalent refraction ranged between $-0.75$ and $-2.25$, and no perioperative or postoperative complications were recorded while all IOLs were well centered postoperatively without any dislocation or tilt.

Finally, Karasavvidou and colleagues from the Nottingham University Hospitals provided a literature review on the surgical management of paediatric aphakia in the absence of sufficient capsular support presenting the advantages and disadvantages of each surgical technique [7].

### Conflicts of Interest

The Guest Editors declare that they have no conflicts of interest regarding the publication of this Special Issue.

### References


