The main reason for the establishment of EuCornea was that there were ophthalmologists throughout Europe who had a significant interest in corneal diseases and diseases of the ocular surface and in surgery of the cornea.

And although there were several international societies dedicated to anterior segment surgery, most were focused on cataract and refractive surgery. Over the last decade or so the ESCRS has had a cornea subcommittee, but obviously it was a small part of the ESCRS. In the meantime, there have been nationally-based societies around Europe dealing with the cornea and ocular surface. These were relatively small organisations. They began to acquire an international dimension when our group in Spain, which held a meeting every two years, began working in closer cooperation with a group in Italy, which held a meeting every year. Together we thought that perhaps it would be a good idea to create an international, supranational cornea society. Around this same time, some key leaders like Ulf Stenevi, Peter Barry and others provided us with some support and encouragement and we started this organisation four years ago and hopefully it will continue into the future.

My main goal as president – as it has also been for my two predecessors as this is a relatively new society – is to take EuCornea from these early stages to a point where it may truly be claimed a success. So far it has shown signs of being very successful, if we look at the meetings we’ve held until now, starting from Venice and Paris and especially last year in Milan. The Milan meeting was very successful from an economic point of view, which is important because we are just starting up and our power as an organisation is still fairly insignificant and running the society is a relatively expensive adventure. Therefore, my main goal is to keep the interest alive among young European ophthalmologists and instil an enthusiasm among those treating the ocular surface to participate in the meetings and cooperate with the society and its projects. If we are able to create this interest and if we can continue with this close relationship with the ESCRS, which I think is beneficial for both societies, we will hopefully find that this project will not be just a project any longer, but a reality. And that is my main goal: to make this project a reality.

Areas of research into corneal and ocular surface that are currently generating a lot of interest include the use of stem cells in corneal surface reconstruction. That includes in, between other projects, stem cells used to create an artificial cornea and stimulators for endothelial cells. There have also been important developments in the surgical techniques in keratoplasty procedures. Lamellar transplants have been increasingly adopted by corneal surgeons throughout Europe as an alternative to penetrating keratoplasty. Endothelial keratoplasty techniques have taken on an important relevance as have related changes in eye-banking, and the preparation of endothelial lenticules, which is completely different from the creation of standard corneal button used in penetrating keratoplasty. There is also the culturing of cells for ocular surface transplantation where the eye-banking work is also very important. To summarise, I would say that research into eye-banking, research into cellular expansion and the new techniques, specifically lamellar surgery and posterior lamellar surgery, are the hottest topics today.

There is also a continual need for updating the pharmacology for the treatment of ocular surface infections and diseases. New important research is being done with new antibiotics, new routes of delivery such as intraocular use and use of other drugs such as the new steroids and the use of anti-VEGF agents to prevent corneal vascularisation. The treatment of ocular infections is often less exciting than some of the other topics at our meetings but deficiencies are the things we most commonly have to deal with on a daily basis.

Another field of constant investigation is collagen crosslinking which is now being used by ophthalmologists all over Europe, perhaps to excess. Our idea is to put together what we know up to now about crosslinking and, as a society, develop guidelines regarding what should be done and what should not be done. We need to determine the status of this technology and the limits of its use, and to fine tune its indications. The same is true of other treatments for one of the commonest problems the corneal surgeon needs to deal with – keratoconus – such as the use of intracorneal ring segments and deep anterior lamellar keratoplasty. So my intention is to try during the next two years to organise, with all interested colleagues, the research in this field and determine, perhaps with a joint effort with other supranational cornea societies, what should be the standard of care for this pathology.

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