right eye was 25.09 mm. Patient II:3 was a 15-year-old girl (Fig. 1C,D) who presented with bilateral lens subluxation and punctate cortical lens opacities. Axial length was 25.72 mm OD and 26.21 mm OS. Patient II:5 was a 9-year-old girl (Fig. 1E,F) who presented with bilateral lens subluxation and cataract. Axial length was 24.86 mm OD and 25.21 mm OS. Patient II:6 was a 7-year-old boy (Fig. 1G,H) who presented with bilateral lens subluxation and with an axial length of 22.07 mm OD and 20.29 mm OS. In none of the patients, skeletal, cardiovascular or other physical abnormalities were detected. All other family members and 100 control subjects were unremarkable with respect to their ocular and general physical examination. Genomic DNA was extracted from peripheral blood leucocytes for genetic analysis. The *ADAMTSL4* mutation identification and analysis revealed that a heterozygous mutation c.1783dupT in exon 11 of *ADAMTSL4* and a heterozygous c.2594G>A mutation in exon 16 of *ADAMTSL4* were identified in all patients affected by IEL. The c.1783dupT mutation which was inherited from the father led to a frameshift that truncated the open reading frame (ORF) by creating a premature stop codon (TGA) 38-bp downstream of the duplication site and generated a protein of 606 amino acids consequently. The c.2594G>A mutation, inherited from the mother, led to an amino acid substitution from arginine (CGC) to histidine (CAC) at position 865 (p.Arg865His). Family members who carried none or only one of these two mutations did not exhibit any abnormal phenotype, indicating that the compound heterozygous c.1783dupT and c. 2594G>A mutations of *ADAMTSL4* gene were causative mutations for this family with IEL. None of these mutations were detected in the 100 normal control subjects. The bioinformatics analysis revealed that amino acids at both mutational sites were highly conserved for *ADAMTSL4* based on the analysis of orthologues from ten different species using the Clustalw tool online. The c.2594G>A mutation was predicted to be 'probably damaging' with the highest score by the HumDiv model of Polymorphism Phenotyping v2 (PolyPhen-2) and was predicted to be 'damaging' with a reliable score of 0.00 by Sorting Intolerant From Tolerant (SIFT).

The human *ADAMTSL4* (Gene ID: 54507) gene, also named as *TSRC1*, was mapped on chromosome 1q21 in 2003 (Buchner & Meisler 2003). To date, 15 mutations of the *ADAMTSL4* gene have been identified in patients with ectopia lentis. Most patients carrying the *ADAMTSL4* mutations were mainly of European ethnicity. Our report is the first investigation on Asian patients with IEL in general. All of the mutations reported so far were homozygous or compound heterozygous state, and the mutations did not cause IEL in heterozygous carriers, indicating that the pathogenesis of IEL was correlated with the effect of the gene dosage. The patients who had two defective alleles of the *ADAMTSL4* gene may be more vulnerable to disease. Neither mutation on its own was sufficient to cause IEL. The novelty of the findings of our study is essentially based on the fact that few mutations have been so far identified in the gene, and that for the first time, these two mutations have been found at a compound heterozygous state in all affected subjects in a large Chinese pedigree.

References

Ades LC, Holman KJ, Brett MS, Edwards MJ & Bennetts B (2004): Ectopia lentis phenotypes and the FBN1 gene. Am J Med Genet A **126A**: 284–289.

Ahram D, Sato TS, Kohilan A, Tayeh M, Chen S, Leal S, Al-Salem M & El-Shanti H (2009): A homozygous mutation in ADAMTSL4 causes autosomal-recessive isolated ectopia lentis. Am J Hum Genet **84**: 274–278.

Azmanov DN, Dimitrova S, Florez L et al. (2011): LTBP2 and CYP1B1 mutations and associated ocular phenotypes in the Roma/Gypsy founder population. Eur J Hum Genet **19**: 326–333.

Bjerrum K & Kessing SV (1991): Congenital ectopia lentis and secondary buphthalmos likely occurring as an autosomal recessive trait. Acta Ophthalmol (Copenh) **69**: 630–634.

Buchner DA & Meisler MH (2003): TSRC1, a widely expressed gene containing seven thrombospondin type I repeats. Gene **307**: 23–30.

Chandra A, Ekwalla V, Child A & Charteris D (2014): Prevalence of ectopia lentis and retinal detachment in Marfan syndrome. Acta Ophthalmol **92**: e82–83.

Correspondence:
Dr. Xu Yang Liu, MD, PhD
Shenzhen Eye Hospital
Jinan University
Shenzhen 518000
China
Tel: (86) 0755-23959546
Fax: (86) 0755-23959500
Email: xliu1213@126.com

This work was supported by the National Natural Science Foundation of China (NSFC Grant Nos. 81200688 & 81170851).

More to see on Acta Ophthalmologica

Erwin Krauskopf[1,2]

[1]Facultad de Ciencias Biologicas, Universidad Andres Bello, Santiago, Chile; [2]Fundacion Ciencia & Vida, Zanartu 1482, Santiago, Chile

doi: 10.1111/aos.12577

Editor,

The bibliometric analysis recently published in your editorial (Stefansson 2014) undoubtedly shows a positive trend in the quantity of published items and citations received by Acta Ophthalmologica. However, one aspect that deserves special attention relates to the journals that are citing the articles published by your journal. Based on impact factor data, the Journal Citation Reports sorts each journal in each of its subject categories, generating what is commonly known as quartile rankings. Therefore, Q1 represents the top 25% of the impact factor distribution for a specific subject category, Q2 between top 25% and 50%, Q3 between top 50% and 75% and Q4 denotes the bottom 25% of the list.

Using data from 2010 to 2014 (until August 21 2014), I sorted the citing journals by the total number of articles cited and established to what quartile each of them belonged to. The top ten citing journals for each year are shown in Table 1, accounting on average for 25% of the year's total citations. The fact that the majority of these journals belong to the first and second quartiles confirms the quality of the research

Table 1. Ranking of the top-10 journals citing articles published by Acta Ophthalmologica, based on the total number of cited articles per year. Quartile distribution was estimated using the JCR 2013 Science Edition database. N/I represents a journal that is not indexed by Thomson Reuters.

	2010		2011		2012		2013		2014	
Rank	Journal	Quartile	Journal	Quartile	Journal	Quartile	Journal	Quartile	Journal	Quartile
1	Investigative Ophthalmology and Visual Science	Q1	Investigative Ophthalmology and Visual Science	Q1	Investigative Ophthalmology and Visual Science	Q1	Investigative Ophthalmology and Visual Science	Q1	Investigative Ophthalmology and Visual Science	Q1
2	Acta Ophthalmologica	Q2	Acta Ophthalmologica	Q2	Acta Ophthalmologica	Q2	Acta Ophthalmologica	Q2	Acta Ophthalmologica	Q2
3	Ophthalmology	Q1	British Journal of Ophthalmology	Q1	Ophthalmology	Q1	Ophthalmology	Q1	Plos One	Q1
4	British Journal of Ophthalmology	Q1	Ophthalmology	Q1	Clinical Ophthalmology	N/I	Plos One	Q1	Retina	N/I
5	Graefe S Archive for Clinical and Experimental Ophthalmology	Q2	American Journal of Ophthalmology	Q1	Plos One	Q1	Graefe S Archive for Clinical and Experimental Ophthalmology	Q2	American Journal of Ophthalmology	Q1
6	Cornea	Q2	International Journal of Ophthalmology	Q4	Retina	N/I	American Journal of Ophthalmology	Q1	Clinical Ophthalmology	N/I
7	Retina	N/I	Journal of Cataract and Refractive Surgery	Q1	American Journal of Ophthalmology	Q1	Retina	N/I	British Journal of Ophthalmology	Q1
8	American Journal of Ophthalmology	Q1	Clinical Ophthalmology	N/I	British Journal of Ophthalmology	Q1	British Journal of Ophthalmology	Q1	Ophthalmology	Q1
9	Eye	Q2	Retina	N/I	Graefe S Archive for Clinical and Experimental Ophthalmology	Q2	International Eye Science	N/I	International Eye Science	N/I
10	Clinical Ophthalmology	N/I	Molecular Vision	Q2	Journal of Cataract and Refractive Surgery	Q1	Clinical Ophthalmology	N/I	Journal of Cataract and Refractive Surgery	Q2

being published by Acta Ophthalmologica. It is important to point out that even though not all journals listed in Table 1 have an impact factor, every single one of them is indexed by Scopus.

Another important attribute to consider is the internationality of the journal. The country that has contributed the most from 2010 onwards is Germany (11.1%), followed by the United States (7.7%), Denmark (7.7%) and France (7.4%). This information is relevant to researchers interested in communicating their research to a wider audience.

Lastly, Acta Ophthalmologica ranks 16th of 58 journals within the category 'Ophthalmology', only two positions away from the last journal of the first quartile. It's only a matter of time until this journal forms part of the Q1 group. From where I stand, Acta Ophthalmologica has a very bright future.

Reference

Stefansson E (2014): The state of your journal. A bibliometric analysis. Acta Ophthalmol **92**: 403.

Correspondence:
Erwin Krauskopf Ph.D
Facultad de Ciencias Biologicas
Universidad Andres Bello
Santiago, Chile
Tel.: +56 2 26615815
Fax: +56 2 26618437
Email: erwin.krauskopf@unab.cl