Editorial: Pediatric Ophthalmology

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The practice of Medicine has evolved from a period in which one had a broad knowledge of a variety of ailments to the present scenario of super-specialization in which one knows more and more about less and less of the ailments. It is a given however that most of the ailments do not need the care of a super-specialist, provided the non-specialist has been exposed in his postgraduate days to ways of diagnosing and managing a broad variety of common diseases, including the art of timely referral. It is also given that access to super specialist care is often available only to a small segment of the population and so it would be in the best interests of the patient if the first care provider is able to recognize ailments that are innocuous and those that need urgent referral. In this context, the current issue of the Journal has embarked on an important path of highlighting ophthalmological problems in the pediatric population. Most of the reviews have been written by experts with decades of expertise and it is hoped that readers of this issue will obtain a better understanding of some of the important ocular problems that the young children they see in their day to day practice may harbor.

The magnitude and causes of pediatric blindness in our country is dealt with in detail in the review by Murthy GVS [1]. This review reminds us about how the excellence of child health and primary care services in a country can be singularly judged by noting the severity of preventable childhood blindness. It also points out the high economic and social cost of childhood blindness compared to adult onset blindness and emphasizes that about half of all childhood blindness can be

prevented or treated with early diagnosis, timely referral and intervention.

Neonatologists and pediatricians have the onus of preventing their premature babies from going blind secondary to retinopathy of prematurity. Blindness from this disease is increasing in magnitude in our country due to better survival rates of premature babies but poor awareness about retinopathy of prematurity. Risk factors for the occurrence of this form of blindness, methods of prevention and timelines for seeking regular screening of the retina by a trained ophthalmologist is highlighted in the review article by Dogra MR et al. [2].

Pediatricians may often times hear the parents saying that they notice a ‘white’ reflex from their child’s eye. The causes of this presentation are quite ominous and must never be ignored. These children may have a cataract, blindness from which can be entirely prevented by early referral and prompt surgery. Or they may have retinoblastoma, which is a fast growing intraocular tumor with a high risk of systemic metastasis and death. Rao and Honavar [3] provide an insight into the genetics, pathogenesis, presentation, classification, treatment and prognosis of retinoblastoma, the most common intraocular malignancy in childhood.

Infections and ulcers involving the cornea are an important cause of preventable blindness in low and middle income countries. Malnourished children are at most risk of developing such non-traumatic corneal infections and so it is important for pediatricians to be aware of its early features, means of diagnosis and primary initiation of therapy. If there is a failure to diagnose and manage these corneal infections early, the end result may be blindness from a dense corneal scar or perforation of the globe. Srinivasan M and Radhakrishnan N [4] discuss a range of important conditions including Ophthalmia neonatorum, xerophthalmia and conjunctivitis. The pediatrician may be the only available specialist to make a prompt diagnosis and initiate therapy in these cases and so a

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broad knowledge about them would go a long way in preventing visual morbidity in their young patients.

Compliance with Ethical Standards

Conflict of Interest None.

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