



A Brief Note on Pediatric Ophthalmology

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Introduction

Pediatric ophthalmologists focus on the development of the visual system and the various diseases that disrupt visual development in children. Pediatric ophthalmologists also have expertise in managing the various ocular diseases that affect children. Pediatric ophthalmologists are qualified to perform complex eye surgery as well as to manage children's eye problems using glasses and medications. Many ophthalmologists and other physicians refer pediatric patients to a pediatric ophthalmologist for examination and management of ocular problems due to children's unique needs. In addition to children with obvious vision problems, children with head turns, head tilts, squinting of the eyes, or preferred head postures (torticollis) are typically referred to a pediatric ophthalmologist means for pediatric evaluation. Pediatric ophthalmologists typically also manage adults with eye movement disorders (such as nystagmus or strabismus) due to their familiarity with strabismus conditions. Children are not just small adults. They cannot always say what is bothering them. They cannot always answer medical questions, and are not always able to be patient and cooperative during a medical examination. Pediatric ophthalmologists know how to examine and treat children in a way that makes them relaxed and cooperative. In addition, pediatric ophthalmologists use equipment specially designed for children. Most pediatric ophthalmologists' offices are arranged and decorated with children in mind. This includes the examination rooms and waiting rooms, which may have toys, videos, and reading materials for children. This helps create a comfortable and nonthreatening environment for your child. Paediatric ophthalmology' provides the

reader with a practical approach to the assessment and management of ophthalmic disease in children. After outlining the relevant embryology of the eye, the chapter addresses the key issues and clinical presentations arising in children, before going on to discuss specific diseases such as ophthalmia neonatorum, orbital cellulitis, congenital cataract, uveitis in children, glaucoma in children, retinopathy of prematurity, metabolic diseases and developmental abnormalities. Using a patient-centred approach the key clinical features, investigations and management (including medical and surgical treatments) are described for each condition. Our pediatric ophthalmologists and optometrists are recognized leaders in their field, performing more than 1,000 eye surgeries annually. They serve as instructors on the faculty of the University of Cincinnati College of Medicine, and many of our faculty also conduct clinical research into visual development. Paediatric patients make up a significant portion of the patient load at primary care level. Children can present at the primary care physician with a wide range of eye problems, some of which are serious enough to impair the quality of the child's life. The aim of this review article was to highlight serious paediatric visual disorders of which the primary care practitioner should be aware. The article includes a brief discussion of the features of amblyopia, strabismus, retinopathy of prematurity, allergic conjunctivitis, ophthalmia neonatorum and retinoblastoma. Causes of sight-threatening conditions are highlighted, and methods to detect them at primary care level described. Examining the young child with a visual or ocular complaint can be a daunting challenge. Understanding the basic concepts of visual and behavioral development will facilitate the examination of the child who presents to the emergency department with eye complaints. Ocular complaints may include pain and visual impairment which may lead to anxiety and interfere with the examination of the child. Keeping the child calm and taking the time to engage the child in a manner he or she is comfortable with will allow a more accurate examination. Vision development is a complex system that requires the development of neuro-ocular pathways and depends on proper visual stimulation of both eyes. The first 3 to 4 months of life are most critical for this development. If significant disruption of a child's vision occurs during this period and is not quickly corrected, lifelong visual deficit is the likely result despite later treatment.