

Important Facts about Congenital Ocular Diseases what a Mother Should Know

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Everyone must agree it is difficult to be a mother. A mother is a not just a person who looks after her child. A mother is a friend, a caregiver, a teacher, a nurse and a doctor for her child. The impact of a mother on her child and family is huge. The literacy rate of women can define the status of a country.

Starting from the pregnancy period, every mother tries to learn every possible thing to nurture her child in the best way. Mostly they read the books or articles regarding the dos and don'ts in pregnancy, healthy diet for pregnancy, child psychology, basic health care, home remedies, child education and so on. If I have to emphasize on the health, most of the mothers know how to treat any minor injury or minor illness for her children and they suffer much more than their child's actual illness.

Here I would like to share some important congenital ocular diseases such as retinoblastoma, congenital cataract, congenital glaucoma, congenital NLD, vitamin A deficiency, squint and refractive error. If a mother has knowledge about signs and symptoms of these ocular disease, the baby can get early diagnosis and treatment.

Retinoblastoma is the most common ocular malignancy of infancy and childhood with the prevalence rate of 1:15000 live births. The average age of diagnosis of retinoblastoma is 18 months and it may be longer in unilateral cases. The most common present-

ing feature is leukocoria which is known as white pupil followed by squint, red painful eye, poor vision, asymptomatic or the polypoidal growth especially in developing countries and areas where there is poor health knowledge. Leukocoria, white pupil, can be detected in routine eye examination or accidentally by the parents while taking the photograph of child using flash light. If the parents detect the abnormal red reflex or abnormal changes of the child regarding visual acuity, it is highly recommended to consult with the ophthalmologist. The live of the infant or the child can be saved with the early diagnosis and prompt effective treatment.

Another important ocular condition which a mother must detect early is congenital cataract. Congenital cataract can happen in both eyes or in one eye which is more dangerous. Leukocoria is also the main manifestation for congenital cataract and the parents can notice poor visual acuity of the baby by observing the abnormal behavior of the baby's eye. A child with good visual acuity follows the light or mother's face at 6 months of life. If he does not respond while showing the toy or light, the mother should suspect the vision of the child. Another useful technique to test the vision of a non-verbal child by the parents is to compare the behavior of both eyes by occluding each eye with the hand alternatively. If the child refuses or tries to remove the hand, it indicates that another eye has reduced acuity. A child with congenital cataract needs urgent surgery to prevent stimulus deprivation amblyopia. For unilateral cataract, the timing for surgery is as early as possible from 2

months of age and for bilateral cataract, both eyes should be done surgery with one week apart only.

The early symptoms for congenital glaucoma are epiphora (watering of eyes), photophobia (difficult to open eyes under light) and blepharospasm (squeezing of eyes) which is known as classical triad. If the mother suspects her child to have those above symptoms, urgent consultation with an Ophthalmologist is necessary to prevent serious condition like optic nerve damage. The infant or child should undergo complete ophthalmic examination under general anesthesia and the needful surgery can be done at the same time or on next schedule. Some late features of congenital glaucoma are cloudy of cornea or appearing of one eye larger than another. If anyone of these present, the prognosis is poor. Another congenital eye problem presenting with epiphora is congenital nasolacrimal duct obstruction which can occur in 5% of normal newborn infants. This is due to the blockage of distal end of nasolacrimal duct and it can be unilateral or bilateral. Spontaneous opening can be achieved in 90% of effected child. Regular lacrimal sac massage at home is helpful for rapid resolution and the technique is usually taught by the Ophthalmologist. Sometimes antibiotic eyedrop is needed if it is associated with purulent discharge which can lead to acute conjunctivitis.

Vitamin A deficiency is the leading cause of preventable blindness in children around the world especially in developing countries. It can also occur in mother during her pregnancy if she suffers from malnutrition or diarrhea. The signs of vitamin A deficiency graded by WHO are night blindness, conjunctival xerosis, Bitot's spot, corneal xerosis, corneal ulcer, corneal scar and xerophthalmic fundus. But in children, it will not come in sequence and the first sign can be corneal xerosis or ulcer. Mostly children with vitamin A deficiency complaint of dry eye, inability to produce tears, blurred vision. The causes are due to malnutrition, diarrhea or measles. Prevention of vitamin A deficiency is one of the national eye programs in all countries and every mother should follow the program of local authority.

Regarding squint and refractive error in children, both of them are somewhat related. Non-verbal age children cannot complain about blurred vision but they can be present with squint if they have abnormal visual problem. Esotropia (convergent squint) in a very young child indicates that he or she has high refractive error

of hypermetropia. Every child with squint should be done complete ophthalmic examination including cycloplegic refraction to find out the cause. If the child who has high refractive error must be corrected despite of the age to prevent amblyopia. And every child should be screened for refractive error at school going age. As the saying goes, prevention is better than cure. But early diagnosis is also very important to get optimal treatment and good prognosis of a congenital ocular disease in children. Therefore every mother plays a vital role in health sector of family. Every female can be a mother and I would like to say every mother can be a doctor for her children and let the world be full of hero mothers.

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