

Spring 1992

Editor's note: May is National Sight Saving Month.

## EARLY DETECTION AND TREATMENT CAN HELP SAVE CHILDREN'S SIGHT

DALLAS -- Before children enter school, most are required to have their eyes examined. Often previously undiagnosed eye problems are discovered. By then, however, some eye problems may no longer be correctable. That is why Dr. David R. Weakley, a pediatric ophthalmologist at The University of Texas Southwestern Medical Center at Dallas, recommends that children have thorough eye exams at age 4.

"If this were a perfect world, we would catch every vision problem early, but we aren't around the children all the time," said Weakley. "So parents can play an important role in detecting vision problems."

As a parent, if you know what to look for, you can detect a few of the more common eye problems early and bring them to the attention of your pediatrician before vision loss becomes permanent.

One of the most common vision problems afflicting children is wandering, misaligned eyes or crossed eyes. Physicians refer to these conditions as strabismus. If it is allowed to go uncorrected for more than a few months, strabismus can lead to another condition called amblyopia, which can cause permanent loss of visual acuity in the affected eye if not treated early. This occurs because of the way the visual system develops. If one of the eyes is

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misaligned, the brain will begin to ignore the visual messages from that eye. Consequently, the neural pathways controlling vision in the affected eye will not develop fully. Even if the eye is realigned later, its visual acuity may never be totally restored.

Strabismus can be congenital, or it can develop gradually. Don't be alarmed if your infant's eyes appear crossed or don't work together at birth. This is common for infants under three months of age. Also, a fold of skin sometimes covers the inside corner of an infant's eye, making the eye appear off-center. After three months, however, an infant's eyes should move in unison and track nearby objects, such as your finger or a mobile attached to the crib. If you notice any inability to track and focus on nearby objects after your child has reached four months of age, Weakley suggests that you bring it to your pediatrician's attention.

Most commonly, strabismus results from problems with one or more of the six muscles that control eye movements. Tension or paralysis in any one of these muscles can cause the eye to wander or to be pulled off-center. Outpatient surgery on these muscles can generally correct the problem. Following surgery, the child may have to wear a patch over the good eye to allow the other eye to catch up developmentally.

Sometimes a pair of glasses can correct strabismus, said Weakley. Some children's eyes wander because they are trying to compensate for refractive errors, usually farsightedness, he explained. Glasses can be used to correct refractive errors even in very young children, he continued, although it can be difficult to get two-year-old patients to wear glasses consistently.

One indication that your child could have a vision problem is sitting too close to the TV. Another is not liking to look at books. Weakley cautioned against placing too much weight on either as a diagnostic tool, though. "Lots of little

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kids just sit close to the TV because they want to," he said, "and they may simply not like books."

A third but much rarer cause of strabismus and amblyopia is a structural problem, such as a cataract. Cataracts are not limited to the elderly. Children can also develop cataracts; some are even born with them. If vision is blurred or blocked long enough by the cataracts, especially in infancy, the brain will ignore the visual signals from the affected eye and severe, irreversible amblyopia may develop, Weakley said. One possible indication that your child could have a cataract is that the pupil of the eye appears white; however, a cataract often will not be visible to the naked eye. Children with unilateral cataracts often seem to see normally because the other eye takes over, so the problem may be overlooked.

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NOTE: The University of Texas Southwestern Medical Center at Dallas comprises Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences, Southwestern Allied Health Sciences School, affiliated teaching hospitals and outpatient clinics.