

PAEDIATRIC OPHTHALMOLOGY, briefly

ACUITY: [x] over [y]

X = distance from chart

Y = number of line read (larger the number, the larger the font)

AMBLYOPIA: this is what happens when you don't use one of your eyes during early life.

The visual cortex requires input for the synapses to arrange themselves appropriately.

A ptosis (drooping eyelid) can prevent enough light entering that eye, and hence may produce AMBLYOPIA.

ESOTROPIA: inwards-turning eye

EXOTROPIA: outward-turning eye (exo = out)

STRABISMUS: a mis-coordination between the eyes; one of the eyes actually points in a slightly different direction. This leads to amblyopia, because the brain seems to "learn" to ignore the input from one of the eyes.

!! Strabismus is abnormal after 4 months; after that, normal binocularity should be established.

How to test visual acuity in the illiterate toddler?

- Snellen "E" chart (with lots of rotated E's)
- Matching pictures on the wall chart with pictures in a book (use the parents to watch over)

In school-age children, visual difficulties can present as

- squinting
- rubbing eyes
- frequent blinking
- tilting the head
- losing place in a book constantly
- difficulty copying from the board

A PALE RETINA: if you don't get the normal redness in the back of an eye (the "red eye" in photographs), it may be a (gasp!) RETINOBLASTOMA. **Therefore: it is absolutely vital to check for the red-eye reflex in the newborn.**