

## Paediatric ophthalmology

### Disclaimer:

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### References:

1. Childhood health conference, New Cross Hospital.

- If parents have a concern about child's vision, it is always a good idea to refer them to the orthoptic clinic.
- Parents who think their child can't see are usually right! So refer. Red flag.
- Parents who think their child can see well are often wrong.
- Parents who think the eye is turning in, are often wrong.
- Parents who think eye is turning out, are usually right.
- Most opticians are not experienced enough to do eye tests in children so do not refer the child to them.
- There are very few indications for a watch and wait approach so just refer. The orthoptic team is used to getting numerous referrals in children who do not actually have any pathology.
- Refractive errors are a common cause of headaches.
- Critical period of visual development up to 7yrs. Most sensitive period is 14m to 2 yrs. If not fixed might become permanent.

## Squint

- We mean convergence/divergence etc when we say squint.
- The squint can alternate from eye to eye. So more muddled Hx from parents.
- Better to have alternating squint, as each eye is getting used some of the time so cortex is working. But can look worse.
- Long sightedness is associated with squints.
- Hypermyopia = eye has to focus more than normal to see clearly. The focus is linked to convergence hence, can go hand in hand. So often need glasses and the squint become straighter. Not all convergent squints will be helped with glasses.
- So refer to orthoptics.

- Intermittent exotropia. 2nd most common squint. The eye just drifts out.
- Often does not need glasses or treatments. Eyes are straight most of the time.