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ROP profile in inborn and outborn babies in a tertiary hospital

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Statement of the Problem: With the advancing technology to improve neonatal care, there had been a reduction in preterm mortality, but due to unrestricted use of oxygen there is a significant increase in retinopathy of prematurity (ROP) cases leading to the third epidemic of ROP in middle income countries. The purpose of this study is to evaluate the ROP profile among inborns and outborns in a tertiary eye hospital, and assess reasons for no/delayed screening and treatment in advanced ROP.

Methodology & Theoretical Orientation: A prospective observational study was conducted where ROP screening was performed for all preterm neonates. Presentation of ROP in both eyes and other details (obtained from discharge summary and by interviewing caregivers) were recorded in a predesigned proforma and treatment was given as per Early Treatment for Retinopathy of Prematurity (ETROP) study guidelines.

Findings: Among 168 inborns, 76 eyes developed ROP, 28 eyes underwent laser with complete regression, while 48 eyes kept on follow-up and no eye progressed to advanced stages of ROP. Among 722 outborns, 1064 eyes had ROP, in which 668 eyes underwent laser treatment, 192 eyes were kept on follow-up and 348 eyes were advanced ROP (among which 204 eyes were inoperable). Major reasons for no/delayed screening and treatment among advanced ROP cases were, that the pediatrician didn't advise, child was unstable, no screening facility at birthcentre, no treatment facility nearby or the child was diagnosed late.

Conclusion & Significance: High quality of neonatal care and effective screening/treatment program for inborn babies ensured no ROP related blindness. A large number of outborn babies developed ROP, had delayed/late screening and treatment leading to advanced ROP and blindness. It is recommended to implement an effective screening program and there should be a general awareness about the disease among all ophthalmologists, neonatologists, parents and other healthcare professionals, and its appropriate referral or management protocol at the primary level.

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