J Clin Exp Ophthalmol 2016, 7:3(Suppl)
http://dx.doi.org/10.4172/2155-9570.C1.031

The need for pediatric vision care: Challenges and opportunities in developing countries

Frank Sandi
University of Dodoma, Tanzania

Of recently, Pediatric Ophthalmology is a growing field as new advances and techniques are progressively discovered with regard to childhood blindness and its management. Most developed countries are at better position of offering comprehensive pediatric eye care services but in most of the developing countries this field is lagging behind and is given less attention despite the significant impact of blind years in children. Most of the blindness and visual impairment in children in developing countries are either preventable or treatable such as vitamin A deficiency, congenital cataract, corneal opacities, Retinoblastoma, trauma, congenital glaucoma etc. These are the majority of cases seen in developing countries. Despite these challenges in provisional of quality pediatric eye care there is a huge opportunity for government of developing countries to wake up and take pediatric blindness seriously by having a strategic document to increase human resource and develop pediatric eye care centers within each province/region and later on to trickle down to community level. This can be done in collaboration with development partners and other stakeholders in eye care industry such as sight savers, HKI and others. In Tanzania for example there are only three centers which offer pediatric eye care services which are not evenly distributed. This is very few for a country of approximately 50 million populations. This is an unacceptable ratio of pediatric eye care facilities. This will need advocacy and political will to change the current situation given the high demand of pediatric eye care services within the country.

franktheson@live.com

Surgical repair of eyelids and fornices after necrotizing conjunctivitis

M Kataev
S.N. Fedorov "Eye Microsurgery Complex", Russia

Lyell syndrome (toxic epidermal necrolysis (TEN)) and Stivens-Johnson syndrome (SJS, toxic allergic dermatitis) result in dramatic lesion of skin and mucous membranes. Almost all cases demonstrate ocular involvement. Conjunctival necrosis is followed by fornices shortening and eyelids deformity of various degrees. Our clinical group included 47 patients, 21 of them were children. Provocative agents were: Analgetics, sulfonamides, penicillin, unknown medicine, gamma-therapy, swimming in the river. Patients complained of irritation, itching, dryness or tearing, loss of vision. Clinical features included conjunctival scarring, mild to severe symblepharon, cicatrical entropion, metaplasy of conjunctival epithelium, trichiasis, tarsal plate deformity, lagophthalmos, leucoma. Conservative treatment provided limited efficacy. Previously in 6 eyes (6 patients) corneal perforation occurred. Surgery was aimed at the anatomical restoration of the eyelids and fornices, prevention of corneal damage with inverted eyelashes and dry epithelium, lining of the eyelids' back surface with moist membrane. Reconstruction of the fornices was perfomed with lip mucous grafts. Entropion and lagophthalmos were treated by mucous grafting to the posterior lamellar of the eyelids; compound split and full thickness grafts appeared to be more effective, than ordinary full thickness grafts. Transformed conjunctival epithelium was replaced with split mucous grafts. Cicatrically distorted eyelids required reconstruction of the tarsal plates and elimination of entropion. Electroepilation for trichiasis was necessary in 9 patients of 47. In 24 cases anatomical restoration was achieved by one step of surgery. 22 required from 2 to 4 steps. 1 patient was operated 9 times because of recurring lagophthalmos on dry eyes. In all patients normal anatomical form was regained, symblepharon, entropion and trichiasis cured. Residual lagophthalmos of 1-2 mm was persistent in 2 patients (3 eyes). 10 patients with severe preoperative xerosis regained slight moisture of the cornea, which improved their vision. One serious complication caused by lagophthalmos and xerosis was observed: Corneal perforation and endophthalmitis. Grafting of labial mucosa and tarsal reconstruction are main methods of surgery. Although plastic surgery in this group does not provide absolute phisiological normalization, it gives a significant relief in sufferings of the patients and enables their communication activity.

mkataev@mail.ru