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Ocular screening in full-term newborns

Dra Belina Arias Cabello and **Juan Carlos Juarez Echenique**Angeles Pedregal Hospital, Mexico

Introduction: A preventive measure only should be called "screening" when it complies with Frame and Carlson's criteria. The sought disease must be a common morbid-mortality cause, it should be detectable in a pre-symptomatic stage and therefore the diagnosis tests must have sensibility and specificity. A big percent of children are taken to an ophthalmologist after 24 months after birth, thus the diagnosis of important ocular pathologies is late. Newborn eye diseases are detected in 1:70. There is not a written rule in which, how and with what we should do an ocular screening. From the simple Bruckner's test, to the most detailed one like the RetCam@ Imaging Digital System, the documentation of the anterior segment and fundus findings for early diagnosis and opportune treatment.

Material & Methods: A study was run from August 2013 to April 2015 using the PICTOR@ Digital Ophthalmic Imager/Volk. A complete ophthalmologic checking was performed in newborns in the nursery at the hospital and in the consulting room. Pictures from anterior segment and fundus were took, copied and delivered to the pediatrician.

Results: 315 studies were performed before 4 weeks old. 53% were female and 47% male. 85% were made at the nursery hospital and 15% in the consulting room. 13.3% had an abnormal finding like cataract, conjunctival hemorrhage, optic disc pathologies and transitory hemorrhages.

Conclusion: Similar findings to those in the literature. The sum of all the anomalies that could be found in the eye is the most frequent of the body. Benefit of newborns is in a systemic and ophthalmic level.

Biography

Dra Belina Arias Cabello has completed her studies from Autonomous National University of Mexico. She is the Professor from the National Exam for Medical Residencies. She has published some articles related to her field, mostly pediatric ones. She is also the Attending Physician as Pediatric Ophthalmologist and Strabologist at the Association to Prevent Blindness in Mexico.

beloca83@yahoo.com.mx

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