

Cataract Surgery in Pediatrics: Leading to Glaucoma

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DESCRIPTION

Infants who had undergone cataract surgery have 22% risk of glaucoma following 10 years, or they ought to go through an intraocular lens implantation. The researchers likewise provide a few proportion of confirmation that it isn't important to implant an intraocular lens at the time of cataract surgery. The results challenge the idea that replacing the infants lens with an implanted lens protects them from developing glaucoma.

At the time of cataract removal, the 114 participants (ages 1-6 months) had been born with cataract in one eye. In the operating room, the infants were randomly assigned to get an artificial intraocular lens or with no lens, a condition called Aphakia.

Annually, less than 2,500 infants in the U.S. are born with cataract, which means clouding of the eye's lens. Surgery is used to remove and replace the cloudy intraocular lens. To allow the child's eye to focus light properly, removal of the cataract and implantation of an intraocular lens may be done at surgery, or the eye may be left aphakic, and contact lens (or glasses, if both eyes have had a cataract removed) may be used.

Infants who undergo cataract removal have an increased risk of glaucoma, a sight-threatening condition that damages the optic nerve, which is the connection between eye and brain. Scientists speculates that surgery to remove the cataract interferes with the outflow of fluid in the infant's eye leading to increased eye pressure and damage of optic nerve in some of these eyes.

Among the 110 infants who were available for re-examination at 10 years, 25 eyes (24%) had developed glaucoma, and 21 eyes

(20%) were glaucoma suspects due to elevated intraocular pressure. However, visual acuity was similar among those eyes that developed glaucoma compared to those eyes that had not developed glaucoma. The researchers found no evidence of glaucoma-related eye damage, assessed by imaging of the optic nerve head to measure the retinal nerve fiber layer thickness.

The investigators attribute the absence of glaucoma-related eye damage to close patient observing, as any indication of glaucoma was aggressively treated. This investigation discovered that the lifetime glaucoma risk for patients who have cataract removal had hazard of glaucoma from 9% at 1 year, to 17% at 5 years, and to 22% at 10 years.

CONCLUSION

Any child who had cataract removal needs to consult an ophthalmologist once in a year at a minimum. Any child diagnosed with glaucoma or above-normal intraocular pressure without signs of ocular damage, should be monitored every four to six months depending upon the stability of the condition and the health of the eye. At 10 years, 40% of the followed children had developed the diagnosis of glaucoma or glaucoma suspect. A glaucoma suspect is an eye that has above normal eye pressure or another feature suspicious but not diagnostic of glaucoma. The results also confirmed that the timing of cataract surgery is a balancing act. Whereas surgery at younger ages increases glaucoma risk whereas delaying surgery increases risk of amblyopia, a leading cause of visual impairment in children. This results when cataract in one eye causes the brain to ignore signals from that eye and favor the other eye.

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