Ectopia Lentis in Childhood

Ectopia lentis in childhood continues to be a diagnostic and therapeutic challenge for most pediatric ophthalmologists. A thorough systemic and ocular evaluation is necessary to establish the etiology and to initiate the appropriate therapeutic and prophylactic measures. In this issue of the *Journal of Pediatric Ophthalmology & Strabismus*, Kim et al. note that early correction of refractive errors in these children is necessary to avoid amblyopia. Retinoscopy in children with ectopia lentis may reveal a significant refractive error, usually myopia and astigmatism. Occasionally, an accurate refraction may be extremely difficult because of titling or dislocation of the lens. In these cases, an aphakic refraction should be attempted through an aphakic portion of the pupil. These children with an aphakic correction usually tolerate it well. Only when a phakic or aphakic correction is not possible should lensectomy be considered. Since the introduction of vitrectomy instruments, successful removal of these lenses has been possible without the significant complications that previously occurred frequently. Kim et al. show that an anterior approach (not pars plana) can be a successful method of removing these dislocated lenses. Careful follow-up with repeated refractions is necessary to ensure a good visual outcome.

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