Pediatric Eye Trauma in the Summer

It is certainly appropriate during these summer months to think about pediatric eye trauma. Injuries from do-it-yourself fireworks on the 4th of July to sports-related eye trauma occur with increased frequency as more time is spent outdoors. The American Academy of Ophthalmology has instituted the Eye Injury Snapshot program, which asks ophthalmologists throughout the United States to report all injuries that occur during a 1-week period in May. These data will help to determine the true incidence of eye trauma and can be compared to other years for recognition of any changing patterns.

Fortunately, efforts to educate the public on the dangers of fireworks and measures such as the implementation of protective helmets with face guards in many sports have reduced the incidence of serious eye trauma in children. Nevertheless, trauma will always occur despite these efforts. As expected, early recognition and treatment can reduce the likelihood of severe vision loss. In this issue, Acuna and Yen address the implications of delayed diagnosis in open-globe injuries. The authors note that open-globe injuries, especially self-sealing corneal wounds, can present in a delayed fashion in children. Furthermore, many injuries may be missed if obvious findings, such as subconjunctival hemorrhage or prolapsed iris tissue, are not present. The authors conclude that pediatricians should be educated and should maintain a high level of suspicion in the setting of chronic unilateral red eye, decreased visual acuity, or abnormal red reflex.

Pediatric ophthalmologists have an obligation to educate our pediatric colleagues in the prevention, diagnosis, and management of eye trauma in their patients. The summer is a time to relax, but it is also a time to keep in mind the seasonal hazards to our children.

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Editor