The prevalence of dry eye disease in children may be underestimated because the condition is often overlooked or attributed to other causes of ocular irritation, including allergies. I have recognized an increase in complaints of frequent blinking, light sensitivity, and general ocular discomfort in my younger patients. I would often attribute these symptoms to a tic or allergy in the absence of slit-lamp examination findings of distichiasis or obvious Meibomian gland disease. Some of my colleagues have encouraged me to consider dry eye disease and to look more carefully at the tear pool and tear break up times in my younger patients. I must admit that I am making this diagnosis more frequently. Was this condition always there and I just wasn’t looking for it? I don’t think so, but why would dry eyes in children be more common at this time? In this issue, Moon et al. investigate the association between video display terminal use and dry eye disease in school children, and shed some light on this subject.

How many times in the past few years have you been questioned by anxious parents about the effects of computers, video game devices, and particularly smartphones on their child’s eyes? For me this is a daily occurrence. I usually give my nonspecific answer that we don’t know yet and that the main problem is that use of these devices keeps them from other activities such as homework and physical exercise. As the authors of this article have shown, there is more to this than previously thought. Their results revealed that the use of smartphones, the mean duration of smartphone use, and the mean duration of total video display terminal use were risk factors for dry eye disease in children. Children who used both smartphones and computers reported more ocular symptoms, including visual fatigue, dryness, and headache.

These results indicate that dry eye disease in children is a clinically significant problem, affecting quality of life. It is extremely significant that punctate epithelial erosions were found in 100% of the dry eye disease group because these ocular surface complications require treatment and decrease visual acuity. One can even speculate that this new and excessive use of near visual tasking may affect accommodation and lead to progression of myopia. As diminutive tablets replace textbooks in our schools, these dry eye problems are likely to increase. We ophthalmologists need to be aware of these issues to better serve our young patients.

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