Because primary care pediatricians only receive a certain amount of exposure to ophthalmology in their training, when a patient presents with an ophthalmic infection, inflammation, trauma, and vision loss, the more information the provider has, the better.

In this issue of Pediatric Annals, we hope to update pediatricians by discussing some of the most important ophthalmic problems that present to your offices on a regular basis, and suggesting how to triage these children properly — at the right time and to the right place.

Robert W. Hered, MD, writes about “Effective Vision Screening of the Young Patient in the Pediatric Office” (see page 76). Dr. Hered discusses why vision screening is so important in the preverbal child, especially to diagnose leukocoria or “white pupil,” such as cataract and retinoblastoma, and for prompt referral to the pediatric ophthalmologist. It is extremely important to identify those patients who have strabismus and associated amblyopia in order to start treatment at a very early age.

Vision screening techniques are discussed in detail, including some of the new technologies. It is essential for pediatricians to develop a comprehensive protocol for the purpose of identifying vision problems in children of any age (the younger the better) for optimal treatment.

Dr. Casey Mickler and colleagues (see page 83) detail the role of the pediatrician in the diagnosis of an abnormal red reflex and discuss cataracts in greater detail. Cataracts are the cause in more than 60% of cases of abnormal red reflex. History and laboratory evaluation are presented. The treatment of cataracts, especially cataract surgery (with or without intraocular lenses), is outlined. The pediatrician is essential in the prompt diagnosis and referral of these children and also in assisting the pediatric ophthalmologist and parents in helping the visual rehabilitation of the child.

In following with our quest for preservation of good vision, Dr. David Granet et al. (see page 89) discuss the differential diagnosis and treatment of amblyopia and strabismus conditions. He stresses that early diagnosis and treatment of these conditions are essential for visual potential of these children. Detailed evaluation and treatment options are presented, with the emphasis on the primary pediatrician’s identification of the problem and referral of these children for early therapy.

Conjunctivitis and its treatment relates to such a common problem seen in the pediatrician’s office. Included in this issue is my comprehensive review (see page 95) of the types of conjunctivitis conditions, comparison of those types, and a review of the medications used in treating bacterial conjunctivitis. The newest and most potent medications are discussed so that the pediatrician can weigh the best treatment for these children when they present to their clinics and when it is appropriate to refer severe or nonresponsive infections to the pediatric ophthalmologist.

I would like to personally thank my fellow contributors to this issue of Pediatric Annals for their time and effort. Each of them is a leader in our pediatric ophthalmic community, and I am honored that they agreed to participate. As pediatric ophthalmologists, we recognize that pediatricians are our partners in making sure that our young patients see well so they can do well in their lives. I hope that this Pediatric Annals issue will help in that quest for continued collaboration.

doi: 10.3928/00904481-20110117-02
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He is the past president of the American Eye Study Club and is a fellow of the American Academy of Ophthalmology (AAO) and the American Academy of Pediatrics (AAP). Dr. Gold has had numerous publications and has given many presentations on various pediatric ophthalmic topics. He has a special interest in optical dispensing in pediatric ophthalmology practices and in the business aspects of pediatric ophthalmology, especially contracting issues facing pediatric ophthalmologists.