

Your Child's Eyes

Part II Specific Problems that Require Further Evaluation



Falsely Misaligned Eyes (pseudosstrabismus)

Sometimes infants appear to have crossed eyes, yet the eyes are truly straight. The cause for pseudosstrabismus is presence of a wide nasal bridge or extra folds of skin between the nose and the inside of the eye that make the child have a cross-eyed appearance. Most children outgrow this problem, but you should contact your doctor for an examination. Your pediatrician can tell whether a child has misaligned eyes or just pseudosstrabismus, but in some instances, a visit to an ophthalmologist is necessary for further tests.

Misaligned Eyes (strabismus)

With strabismus, the eyes are not aligned. Strabismus is quite common and occurs in about 4% of children. One eye may gaze straight ahead while the other eye turns inward, upward, downward, or outward. When an eye turns inward, the child has "crossed" eyes (esotropia). There are two common causes for esotropia. Some children are born with crossed eyes (or develop it shortly after birth), and in this situation the muscles are too tight. Treatment for this most commonly involves surgery on the eye muscles, generally performed prior to the age of 2.

The second most common cause for esotropia is excessive farsightedness. This problem can be present at birth, but most commonly occurs between the age of 2 and 6 years. This type of esotropia is corrected with glasses.

When an eye turns outward, the child has exotropia. Exotropia may be present from birth, but most commonly is seen in children 2 to 7 years of age. Generally the eyes turn out on rare occasions at first but with time more frequent outward turning of the eyes is noted. Children with exotropia occasionally squint one eye when exposed to bright sunlight. The treatment for large amounts of exotropia is usually eye muscle surgery.

Children with misaligned eyes will generally turn off the vision in the turned eye so that they are not plagued with double vision. Children with strabismus should have a careful examination by an ophthalmologist because untreated strabismus may lead to a lazy eye (amblyopia) or loss of depth perception. Rarely, strabismus may indicate a more serious condition, such as cataract or eye tumor (retinoblastoma).

Lazy Eye (amblyopia)

Lazy eye is reduced vision from lack of use in an otherwise normal eye. It usually happens only in one eye. Any condition that prevents a clear image can interfere with the development of vision and result in amblyopia.

Amblyopia is common, affecting about 2% of children. Some causes of amblyopia include strabismus, droopy eyelids (ptosis), cataracts, or refractive errors. Because early treatment offers the best results, your pediatrician will refer you to an ophthalmologist.

Cataract (cloudy lens)

A cataract is a clouding of the eye's normally clear lens. The lens is located behind the pupil and helps focus images on to the back of the eye (retina). Cataracts may be present at birth or may appear later in life. Injury may also cause this condition. Early detection and treatment are crucial in infants and children so that normal visual development can occur. For this reason, most cataracts should be surgically removed soon after they are discovered. It should be noted that cataracts in infants and children are uncommon and not related to cataracts that occur in adults.

Glaucoma (elevated eye pressure)

Glaucoma is a condition in which the pressure inside the eye is too high. If left untreated, glaucoma will eventually lead to total blindness. Warning symptoms are extreme sensitivity to light, tearing, and persistent pain. Signs include an enlarged eye, cloudy cornea, and lid spasm. If any of these are present, your pediatrician will refer you to an ophthalmologist immediately. Glaucoma in childhood usually requires surgery to prevent blindness.

Tearing

The tear duct system, which allows the tears to drain from the eyes into the nose, usually opens in the first few months of life. In some infants, however, the system remains blocked, resulting in the eyes overflowing with tears and collecting mucus. Tearing may result from other ocular conditions, the most serious of which is glaucoma (see above). If your child suffers from continued tearing or watering from the eyes, please consult your pediatrician. Gentle massage of the tear duct can occasionally assist in relieving the blockage. If massage and observation are unsuccessful, a tear duct probe or more involved surgery is occasionally required.

Ptosis (droopy eyelids)

Ptosis refers to a situation in which the eyelids are not as open as they should be. This situation is caused by a weakness of a muscle that opens the upper eyelid. When ptosis is mild, it is just a cosmetic problem. However, ptosis can interfere with vision if it is severe enough to block the vision in the eye. In infancy, it is important that ptosis be eliminated so that vision will develop normally. Correction of ptosis usually requires surgery on the eyelid(s).

Blepharitis (swollen eyelids)

Blepharitis refers to an inflammation in the oily glands of the eyelid. This usually results in swollen eyelids and excessive crusting of the eyelashes, most evident in the morning. Tenderness of the eyelids and a foreign body sensation in the eye may occur as well. Blepharitis can be treated with warm compresses and eyelid scrubs using baby shampoo. If an infection is present, antibiotics may be necessary. If any of these findings are present, please consult your pediatrician.

“Pink Eye” (conjunctivitis)

Pink eye appears as a reddening of the white part of the eye. It is usually associated with excessive tearing, a discharge, and a foreign body sensation in the eyes. Conjunctivitis has many causes and can occur at any age. In infants and children, pink eye is usually caused by a viral or bacterial infection. In older children, it may also be caused by allergy. Depending on the cause of conjunctivitis, eye drops or ointment may be indicated. If your child has conjunctivitis, regular hand washing will help prevent the spread of the infection to other family members. If conjunctivitis occurs, call your pediatrician's office.

Corneal Abrasion (scratched cornea)

A corneal abrasion refers to a scratch of the front clear surface of the eye (cornea). These abrasions are very painful and usually associated with light sensitivity and tearing. Treatment consists of antibiotics to prevent infection and a patch to allow for the healing of the scrape. This may be monitored by your pediatrician although more serious injuries often need follow up by an ophthalmologist.

Nearsightedness (myopia)

Children who are “nearsighted” see objects that are close to them clearly, but objects that are far away are unclear. Nearsightedness is very rare in infants and toddlers, but becomes more common in school-age children. Eyeglasses will help clear the vision but will not “cure” the problem. Despite using glasses, near-sightedness will generally increase in amount until the mid-teenage years so that periodic follow-up examinations by an ophthalmologist are indicated.

Farsightedness (hyperopia)

A small degree of farsightedness is normal in infants and children. It does not interfere with vision and requires no correction. It is only when the farsightedness becomes excessive, or causes the eyes to cross, that glasses are required.

Astigmatism

Astigmatism is the result of an eye that has an irregular corneal shape. Astigmatism may result in blurred vision. Children with astigmatism may need glasses if the amount of astigmatism is large.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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