

## WHEN TO SUSPECT A VISUAL PROBLEM IN A CHILD

Altered vision may occur in any child. An observant parent, teacher, or friend may suspect a problem by recognising clues that the child presents.

If a specific eye problem seems to occur within a family, such as crossed eyes (strabismus), cataracts in children or droopy eyelids (ptosis of eyelids), then the family should be looking for this problem in any newborn. If an eye abnormality appears to be present, an Ophthalmologist (a doctor who specialises in diseases and surgery of the eyes) should evaluate the child as early as possible and should discuss appropriate treatments with the parents.

The newborn child will have a cursory examination immediately after birth. However, obstetricians, neonatologists and paediatricians rarely identify eye disease at this time, unless there are major obvious defects in eye or eyelid development. If numerous neurological problems are present in the child, then the eyes should have a detailed medical ophthalmologic examination; because the retina and optic nerve contain millions of nerve cells, that examination may offer specific clues to the rest of the medical diagnosis. Similarly, if older siblings or parents had cataracts in infancy or childhood, then the Ophthalmologist must examine and continue to monitor the infant at a frequency determined by the nature of the concern and the pattern of appearance in that family.

An examination of the eyes by an Ophthalmologist should be done if the newborn or infant has any of the following abnormalities;

- 1 The eyelid covers the pupil (and thus the line of sight) of either one or both eyes. Sometimes this occurs from nerve paralysis or muscle weakness in the eyelid. Sometimes tumors of the upper eyelid distort and enlarge the eyelid so that the eyelid is pushed down over the pupil of the eye. In these situations, the covered eye cannot "see" and something must be done to clear the visual pathway to permit proper development of vision.
- 2 The eye(s) turn either inward or outward. The eyes of the newborn infant are occasionally unco-ordinated for the first few weeks of life and thus the eyes may seem to cross and/or turn outward for brief periods of time. However, any persistent turning of one or both eyes after the first two months of life should be evaluated promptly. Children do not "grow out" of crossed eyes.
- 3 Abnormal eye movements (especially constant rapid pendular horizontal motion called nystagmus) typically beginning three or four weeks after birth. Nystagmus is never a normal feature in an infant and always demands a thorough evaluation and exact explanation.
- 4 As the child gets older, if he/she does not reach directly for toys, food or turn toward familiar faces.
- 5 If a white spot is seen in the center of the pupil (which should be black). This demands immediate examination. This may be a cataract that will require surgery to preserve vision.
- 6 If the outer clear surface of the eye (cornea) is hazy in one or both eyes or one or both eyes seem to be enlarging or bulging forward.
- 7 A constant abnormal position of the head, such as a constant face turn or head tilt.
- 8 One eye or both eyes are closed constantly.
- 9 If the child (after the toddler period) walks repeatedly into furniture or doorways or trips over even large objects on the floor.

10 If a talking child says he/she can't see.

This is a general advice leaflet, but please note the message that the ED Society would like to send is that ALL children with Ectodermal Dysplasia should be assessed by an ophthalmologist and reviewed, as there is a high prevalence of eye problems in particular ocular surface disease, dry eyes, corneal erosions and ulcerations and cataract. Parents are advised that a red eye in an ED child requires careful assessment and in most cases by an ophthalmologist.

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