Infantile cataract

Africa
Latin America
Industrialized countries (USA)
Asia
Childhood cataract in Africa

Current situation

Challenges
The “big picture”

Up to 100,000 blind due to congenital cataract in Africa

20,000 children born each year with congenital cataract

1,500 get surgery
Child Eye Health Tertiary Facilities in Africa

Kenya:
- Kenyatta
- Kikuyu
- Sabatia
- Lighthouse

Uganda:
- Mengo
- Ruharo
- Tororo

Tanzania:
- CCBRT
- KCMC

Nigeria:
- Ibadan
- Jos
- Kano
- Lagos
- Calabar
- Kaduna
- Port Harcourt

South Africa:
- Johannesburg
- Pretoria
- Cape Town
- Durban

New or under development

IOTA

Korle Bu

Walidian

Menelik

QECH
Challenges in addressing childhood cataract in Africa

- Too few children identified, referred, get in
- Lack of awareness by general health workers
- Long delay in presentation
- Poor follow up after surgery
- Lack of proper rehabilitation/education
Challenges in addressing childhood cataract in Africa

- Duplication of effort
- Mal-distribution of services
- Cost of services high (limited funding)
- CEHTF do not have adequate HR
  - Anaesthesia
  - Childhood Blindness Coordinator
Pediatric Cataract in Latin America: Current situation

- Governments with MCH programs in place
- Some countries in the region: > births hospital based
- Good cataract programs (although many not pediatric oriented)
- Human resources available, training needed
- PAHO, National and supranational societies
Pediatric Cataract in Latin America: Challenges

- To work with MC Health care programs: antenatal care and immunization programs
- Training health care personnel & information to parents
- To strengthen early detection: PHC/KI/red reflex test
- To implement or strengthen referral systems
- To map and identify tertiary eye care centers with facilities for pediatric eye care - many countries do not have one
- Follow-up and low vision pediatric oriented services not in place
- Affordable glasses/low vision devices
- Government support - sustainability
Infantile Cataracts
Current Situation--USA

- 400-500/ year

-Delayed presentations rare, but do occur

-Rule out systemic etiologies in bilateral cases
Challenges: USA

• Aggressive management
  – Surgery between 4-6 weeks of age
  – Optical correction with contact lenses or glasses
  – Amblyopia therapy

• Education
Current situation in paediatric cataract in Asia

• A lot of understanding of the etiology, especially CRS as a cause
• Anaesthesia: Availability of good neonatal anaesthetist, newer induction and maintenance, drugs, laryngeal airways mask
• Possible to take grade III risk patients also for surgery
Surgical Revolutions

After cataract

PC opacification

Automated vitrector
Challenges in paediatric cataract in Asia

- Not many tertiary centres to provide quality and comprehensive services
- Late presentation is not uncommon
- No good referral system
- Safe anaesthesia facility is not uniform
- Posterior capsule is not rightly managed when the surgery is done by cataract surgeons
Challenges in paediatric cataract in Asia

- Lack of funds for free surgeries and foldable lenses
- Cost of post operative spectacles
- No subsidy from the government and government institutes lack in the facility of vitrectomy
- Long term follow up and necessary interventions