

# 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

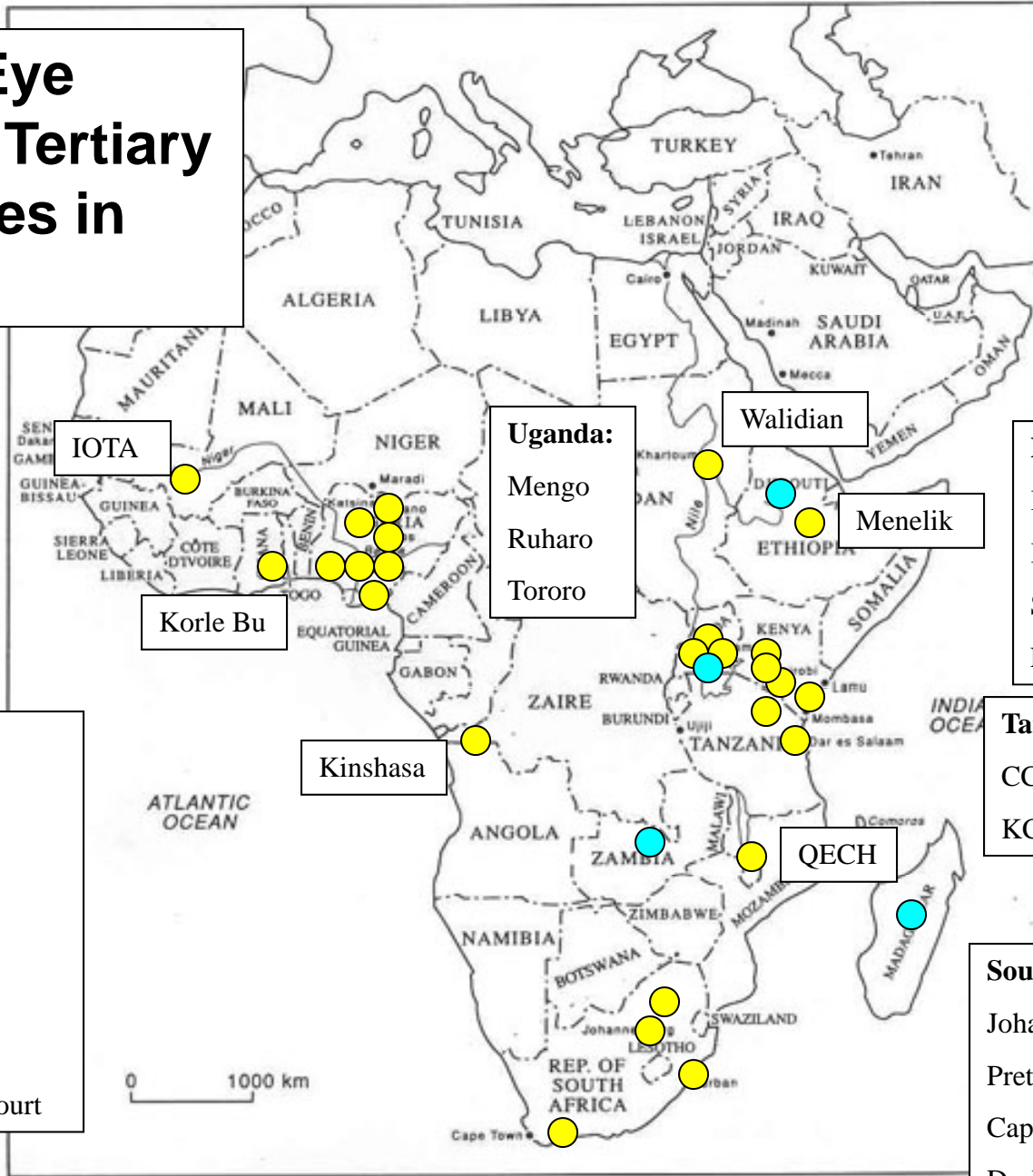
20,000 children born each year with congenital cataract

1,500 get surgery



# Child Eye Health Tertiary Facilities in Africa

● New or under development



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

IOTA

Korle Bu

Kinshasa

**Uganda:**  
Mengo  
Ruharo  
Tororo

Walidian

Menelik

**Kenya:**  
Kenyatta  
Kikuyu  
Sabatia  
Lighthouse

**Tanzania:**  
CCBRT  
KCMC

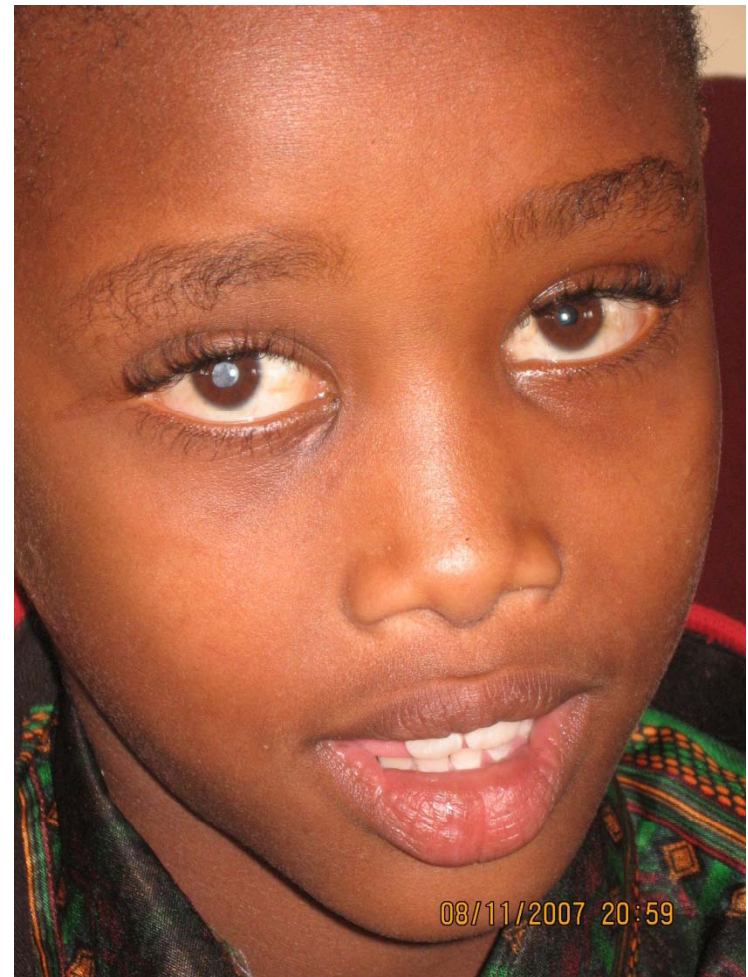
QECH

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

0 1000 km

# 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



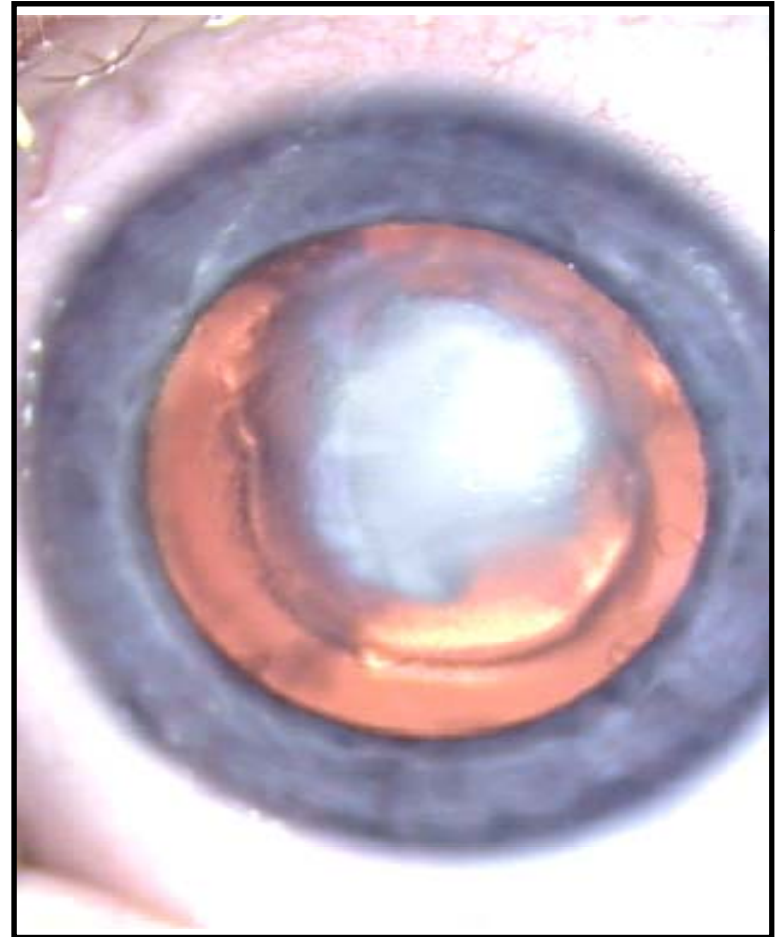
# Infantile Cataracts

## 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

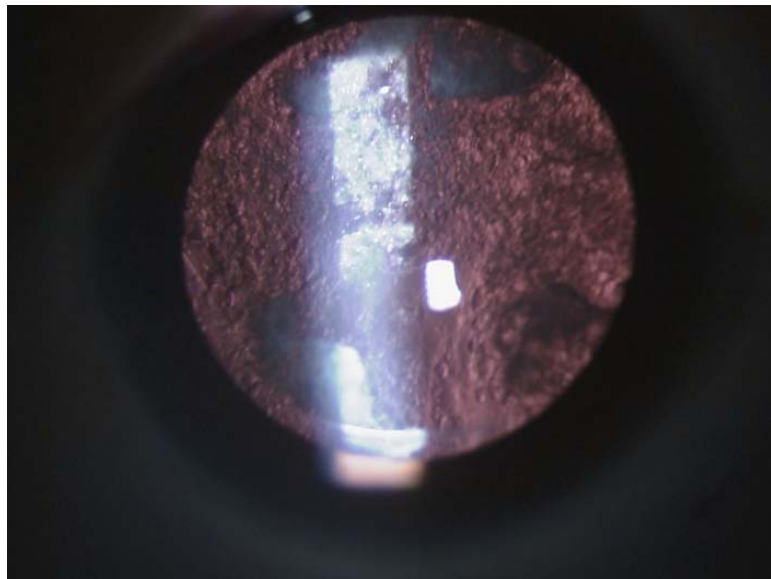
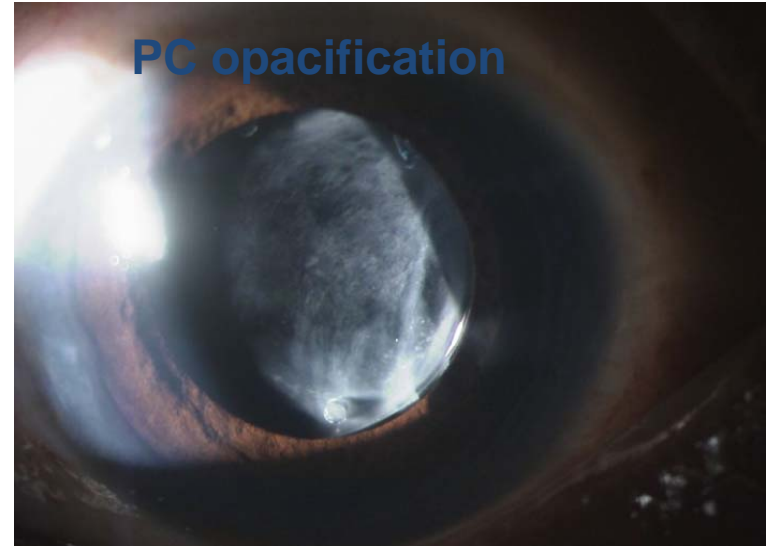
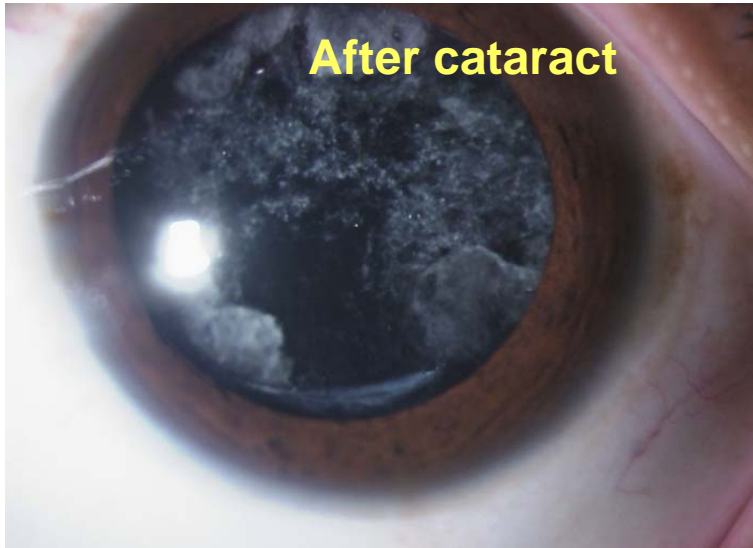


# Current situation in paediatric cataract in Asia

- 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



# 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