Healthy but Blind Baby

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The health problems and life loss as a result of prematurity have been greatly decreased because of the advance in the management of premature babies and awareness of risk factors by the pediatricians. In addition to the great work of WHO to reduce the morbidity and mortality from prematurity.

Prematurity can seriously affect the visual function. One of the most important ocular complications is retinopathy of prematurity (ROP). ROP can be defined as a proliferative retinopathy that occurs in a premature and very low birth infants exposed to high ambient oxygen. The vascularization of the retina does not occur until the fourth month of gestation which makes the incompletely vascularized retina highly vulnerable to damage in premature baby with the production of excessive VEGF in response to high metabolic demands leading to ROP. ROP can be generally classified into two phases: Active ROP and cicatricial ROP.

In the developed countries the management of ROP has been greatly advanced along the primary, secondary and tertiary levels. But in the developing countries like my country (IRAQ), still the cases of ROP are seen in the advanced complicated stages when no more visual function can be achieved in spite of good health of the baby. We are facing parents with great psychological situation holding their blind baby and seeking advice in and outside the country with expensive financial burden on the family. In addition to legal problems when the families accuse the pediatrician of causing the ROP to their baby.

Although the pediatrician are doing their best to save the lives of premature babies but they have no full awareness of the serious visual complications which might result due to ROP. So it is important to act hardly and in team work to prevent the occurrence of ROP by excellent neonatal care and screening of babies at risk.

Pediatric ophthalmic professionals should act promptly to prevent severe visual loss of established ROP. It is also important to maximize residual visual function and rehabilitate the babies with irreversible visual loss together with their families.

The eye examination of the premature baby should be continued after discharge from the neonatal care unit because the ROP may still not resolved completely. In addition, the prematurity may cause other ophthalmic complications which should be managed carefully even the ROP was successfully treated. There should be negotiation and cooperation with higher levels in the government to provide the necessary resources for prevention, detection and treatment of ROP. Continuous contact with the advanced eye care centers in the world to get scientific advice about ROP. Social and TV media can play a vital role in increasing the community consensus about the problem. The presence of a blind baby in the family increases the financial and social burden on the shoulder of the community especially in the developing countries. Finally preserving the sight of a baby opens a new window to the future to add a new beam of light to life.

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