

Small Patients, Big Challenges

Nothing captures the essence of glaucoma more than caring for a newborn afflicted with the disease. Consider all of the intense emotions involved in meeting and interacting with a young family, the difficulties and risks of performing an examination (usually under general anesthesia), defining the diagnosis, the challenges (and perhaps frustrations) of treatment and follow-up, and the trials and tribulations of reimbursement. These hurdles (one hopes) culminate in the satisfaction of successfully curing glaucoma and restoring the vision of some children. With others, doctors are forced to watch the inexorable progress of this dreadful disease yet focus on assisting patients and their families with the tedious process of visual rehabilitation and, perhaps, special schooling.

After completing my fellowship at the University of Iowa and starting practice in California, a newborn with "large eyes and a hazy cornea" was referred to me. An evaluation under anesthesia confirmed the diagnosis of glaucoma. I subsequently performed a trabeculotomy in each of the patient's eyes, and she recovered well—so well, in fact, that she resumed a normal life with excellent vision. This patient is now a college graduate and a mother. Over the 20-plus years, she has kept in touch with me, and each time I hear from her, I feel grateful to have had such a positive impact on someone's life. I have cared for many patients during my career, but few have had such a long-lasting impact as the children for whom I have provided care.



Over the years, the means for examining children have improved, thanks to a growing understanding of glaucoma in the pediatric patient. In addition to superior diagnostic tools, examining a child under anesthesia is safer. The diagnosis of glaucoma is more specific, and treatment is more successful. All eye care practitioners look forward to continued advances in this specialty. Someday, we will have more specific genotype-based etiologies and treatment. With the recent publications on successfully treating Leber's congenital amaurosis using viral vector-based gene transfer,¹ there is even greater hope for curing glaucoma in children.

The cover series for this edition of *Glaucoma Today* is devoted to the art and science of pediatric glaucoma. Thankfully, this field has benefited from new technology. The fundamentals of caring for young children and their families, however, remain unchanged. The key to treatment is tender loving care. I hope that readers will join me in saluting those practitioners devoted to diagnosing and managing pediatric glaucoma; they are the unsung heroes of our specialty. □

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1. Maguire AM, Simonelli F, Pierce EA, et al. Safety and efficacy of gene transfer for Leber's congenital amaurosis. *New Engl J Med*. 2008;358:2240-2248.