

Updates in Pediatric Retina

This issue of *Retina Today* focuses on advances in pediatric retina. To start, Kimberly Drenser, MD, PhD, reviews the use of microplasmin for pediatric vitrectomy. The Microplasmin in Children study was conducted to evaluate the safety and efficacy of intravitreal ocriplasmin (Jetrea, Thrombogenics Inc.) as an adjunct to vitrectomy in pediatric patients. The study is complete, but results have not been released. We join Dr. Drenser in looking forward to the possibility of using this promising agent for pediatric patients with complex retinal detachments.

Franco M. Recchia, MD, presents an update on familial exudative vitreo-retinopathy (FEVR), reminding us that this is a lifelong disease that requires prompt treatment and vigilant follow-up for long-term success. Patients with FEVR can remain under the care of pediatric subspecialists even into adulthood because of the disease's pattern of long periods of quiescence followed by renewed activity.

Telemedicine is a modality that has the potential to improve screening for retinopathy of prematurity (ROP), says Darius M. Moshfeghi, MD. The ability to perform remote screening can leverage the efforts of skilled screeners. He reviews the successful SUNDROP telescreening program, headquartered at Stanford and networked to 6 neonatal intensive care units. Arthur W. Allen Jr, MD, for many years a board member of the Ophthalmic Mutual Insurance Company (OMIC), offers an insurer's perspective in a sidebar, noting that telemedicine screening for ROP raises medicolegal concerns. The laws governing medi-

cal liability vary from state to state, and remote screening may cross state lines. Issues of concern can include licensure, credentialing, privileging, and informed consent.

Kiran Turaka, MD; Matthew C. Ziemianski, MD; and J. Shepard Bryan, MD, present a case report of a young girl with papillophlebitis (a rare presentation of central retinal vein occlusion in a child). After ordering an extensive laboratory work-up for this patient, a healthy 15-year-old marathon runner, DNA analysis identified mutations in the MTHFR gene suggestive of hyperhomocysteinemia. In young people, this condition can lead to a hypercoagulable state, which in turn leads to vascular thromboembolic events. Their report adds to the literature on this unusual presentation.

The status of anti-VEGF therapy for ROP is reviewed by Michael T. Trese, MD. He notes that while there have been some promising results with anti-VEGF treatment for ROP, laser photocoagulation remains the standard of care. Until more safety data are gathered, he cautions, the right drug and right dose for use in ROP are not yet known. Again, Dr. Allen adds an insurer's perspective in a sidebar to Dr. Trese's article. He recommends

caution if intravitreal anti-VEGF therapy is used instead of laser, the accepted gold standard. Until the indications, dosage, timing, and complications of this new treatment modality are established, thorough informed consent is crucial.

We hope you enjoy this issue of *Retina Today* and welcome any comments that you have. ■



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