

Pediatric Ophthalmology and the Retina Specialist

Pediatric retina represents an important category within our field. Although many of us will not encounter premature infants or children with devastating ocular cancers, it is important to recognize and understand the presentations, pathologies, and potential treatments for retinopathy of prematurity (ROP), retinoblastoma, and congenital cataract. A small percentage of our patients fall within this category; one only need look at a recent program book from a clinical retina meeting to see that the bulk of information being disseminated is geared toward age-related macular degeneration, diabetic retinopathy, and vitreoretinal surgical procedures for adults. Retinal disease in infants and children, however, is a complex topic.

In past issues of *Retina Today*, we have featured articles on retinoblastoma and ROP, but the coverage has been limited. In this issue, however, we have devoted our cover focus to issues within pediatric ophthalmology.

One of the hot-button topics in pediatric retina involves screening for ROP. In an article in a 2009 issue of *Archives of Ophthalmology*, Day et al¹ describe the Ophthalmic Mutual Insurance Company (OMIC) experience with ROP malpractice claims. ROP shares the dual distinction of being both the leading cause of blindness in children in the United States and one of the most preventable complications—if detected and treated. The authors reviewed all closed cases and found that transfer of care, lack of timely follow-up, referral error, and lack

of supervision in ROP care were among the reasons that the cases were brought to litigation. All of these factors are considered in the American Academy of Pediatrics ROP Screening Guidelines,² and the authors of the OMIC review recommend that all physicians, staff, and persons involved in the care of premature infants be aware of these guidelines.



IN THIS ISSUE

Darius M. Moshfeghi, MD, the founder of the Stanford University Network for Diagnosis of Retinopathy of Prematurity (SUNDRP), writes about his experience with screening for ROP and developing a program through which several hospitals can benefit from a telemedicine-screening network. Franco M. Recchia, MD, addresses the medicolegal implications of screening for ROP and discusses how physicians can manage to perform screening while limiting their exposure to litigious claims.

Additionally, we feature articles by Timothy G. Murray, MD, on retinoblastoma treatment and by Carol L. Shields, MD, on the identification of pseudoretinoblastomas. We also have a contribution from our colleague from the anterior segment, Michael Amon, MD, on new technology for pediatric cataracts.

Of course, we have also included several articles on medical and surgical retina, as well as business topics, in both in our regular columns and in feature stories, with accompanying EYETUBE video links where appropriate. We hope you find the information presented herein informative. ■

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1. Day S, Menke AM, Abbott RL. Retinopathy of prematurity malpractice claims: the Ophthalmic Mutual Insurance Company experience. *Arch Ophthalmol*. 2009;127(6):794-798.
2. Section on Ophthalmology. Screening examination of premature infants for retinopathy of prematurity. *Pediatrics*. 2001;108:809-811. Updated February 1, 2006. Available at: <http://www.pediatrics.org/cgi/content/full/108/3/809>. Accessed March 1, 2010.