

Preventable Child Blindness

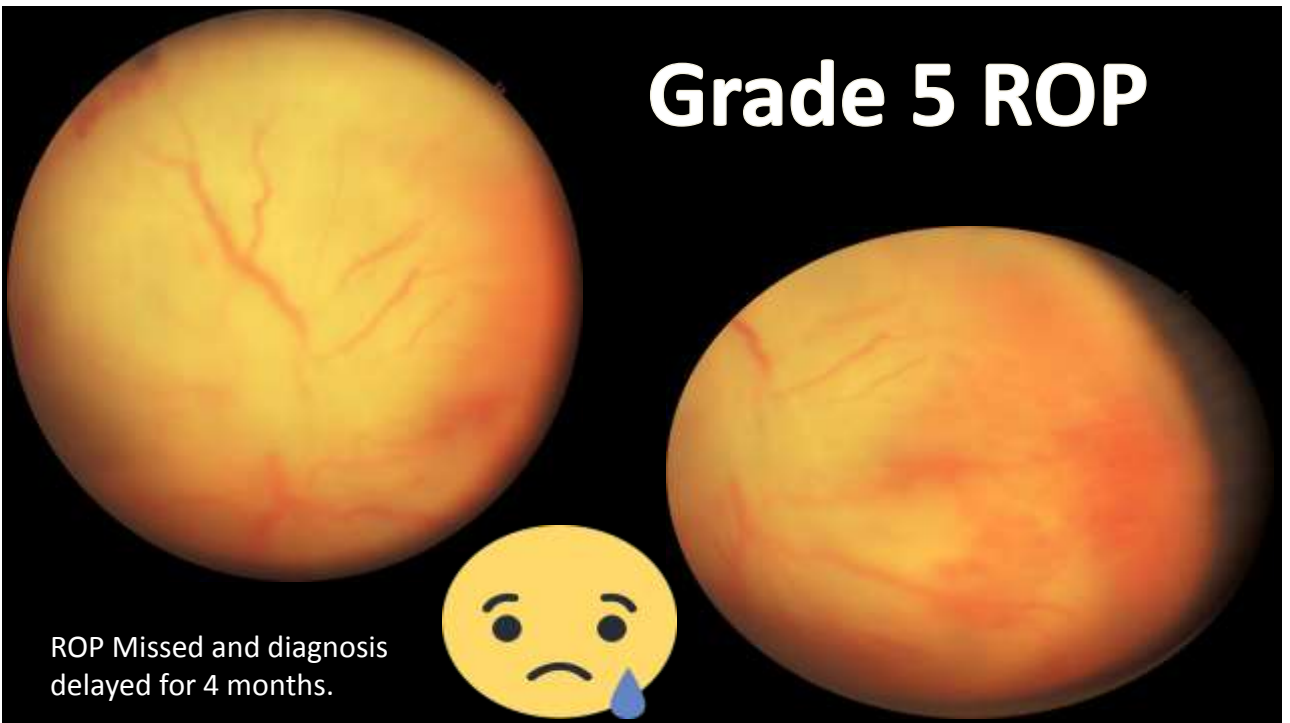
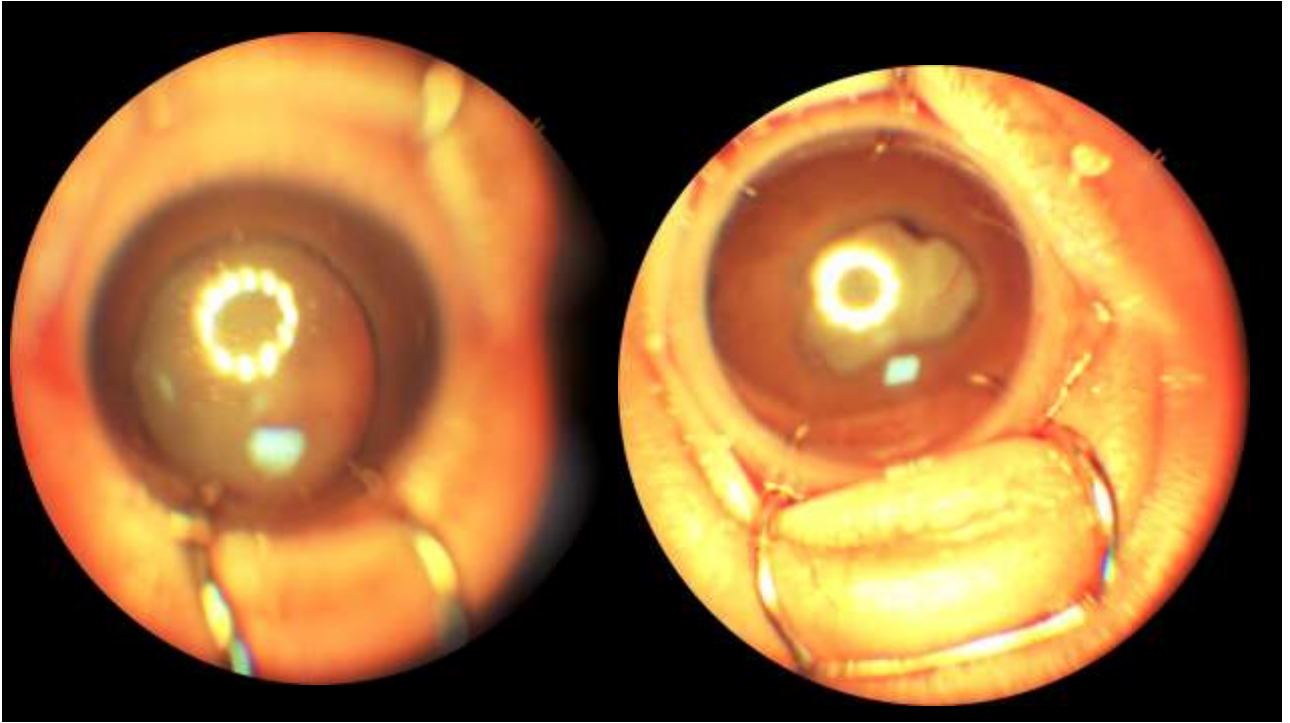
BY

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Case 1

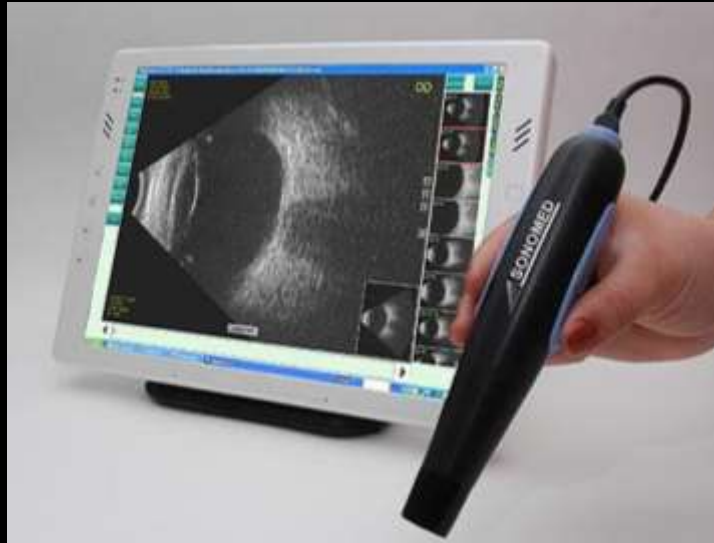
- A premature infant
- G.A: **28** wks
- B.W: **1700** g
- NCU: 53 d
- Oxygen: ventilator and CPA
- Illness: Anemia
- Blood transfusion 5 times
- She was presented to our clinic **4 m** birth age.





ROP Missed and diagnosis delayed for 4 months.

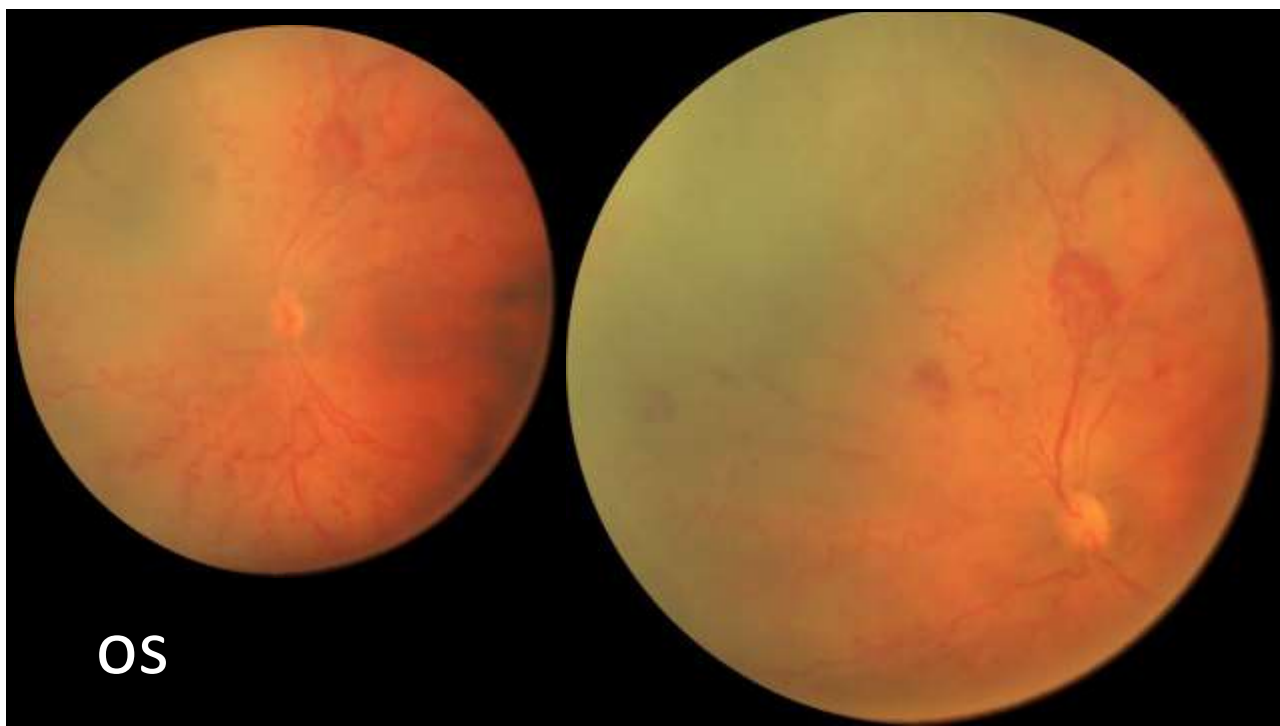


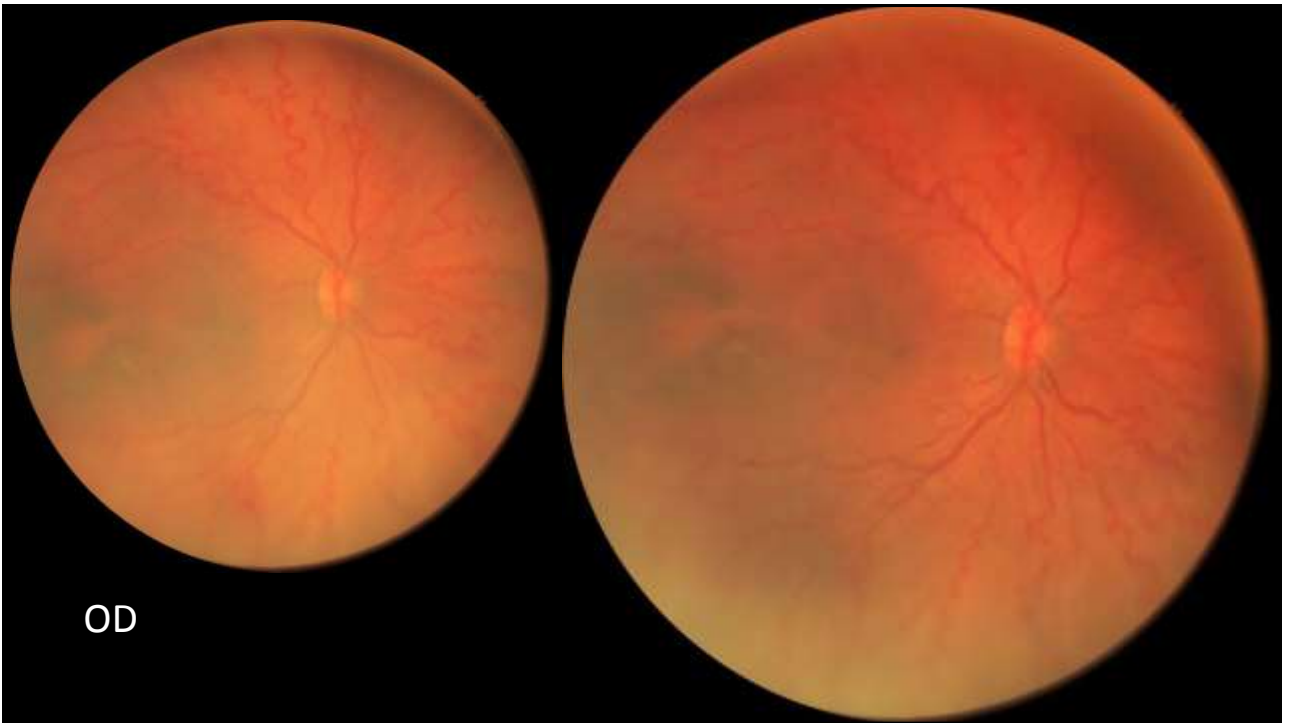
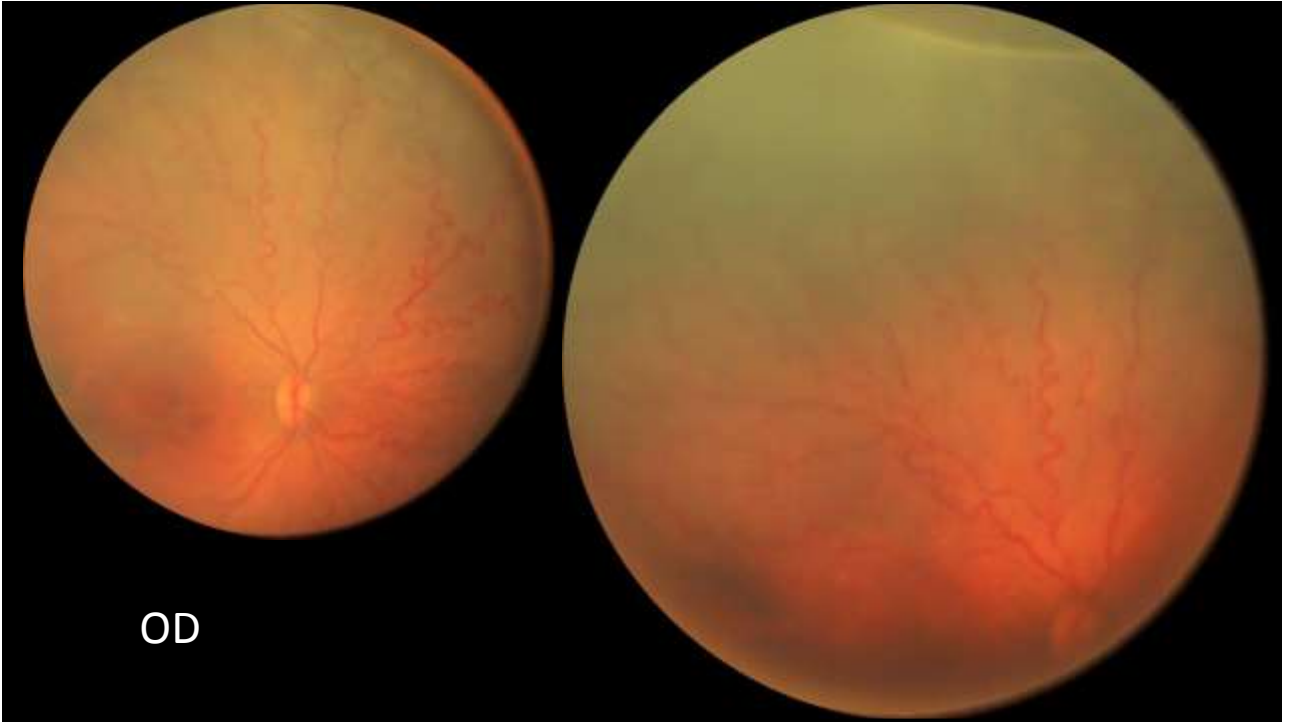


Case 2

- Preterm
- G.A: **36 wks**
- B.W: **2300 g**
- NCU: 29 d
- For RDS (Respiratory Distress Syndrome)
- ON ventilator & CPAP
- Weight now **1700 g** (Loss of weight, 600gm).
- Presented **4 wks** birth age.





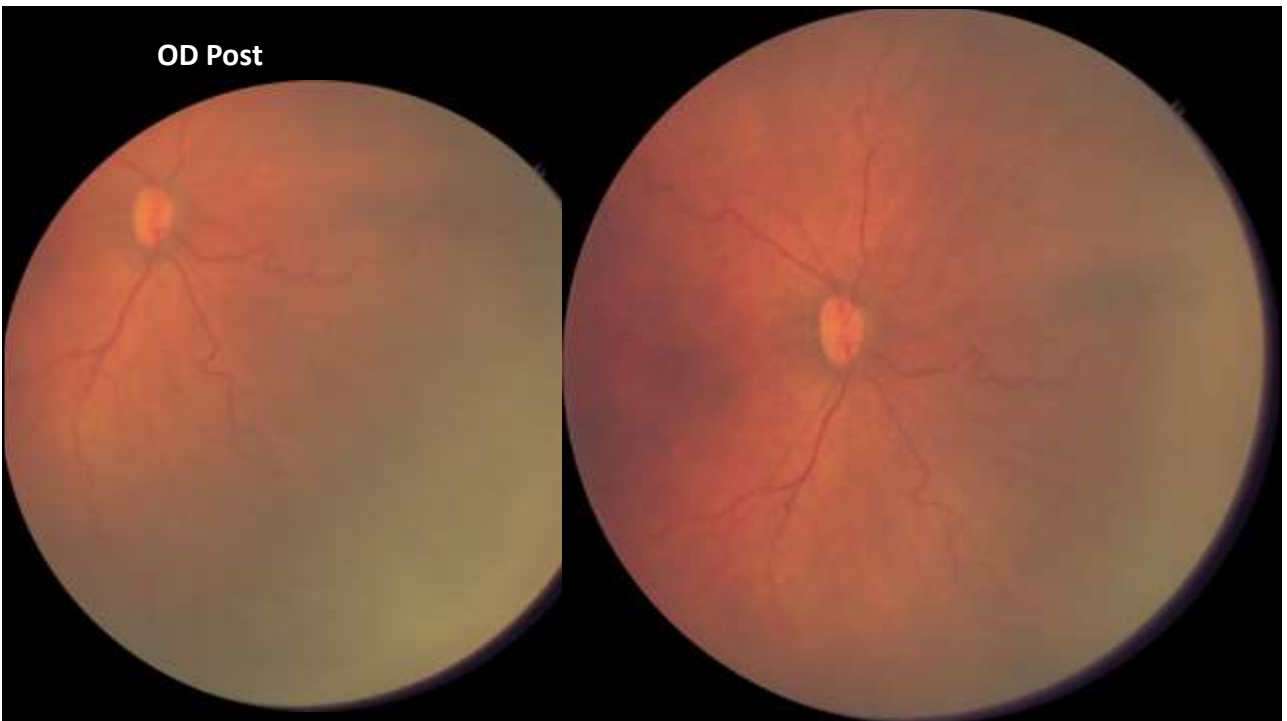


urgent IVI of anti VEGF

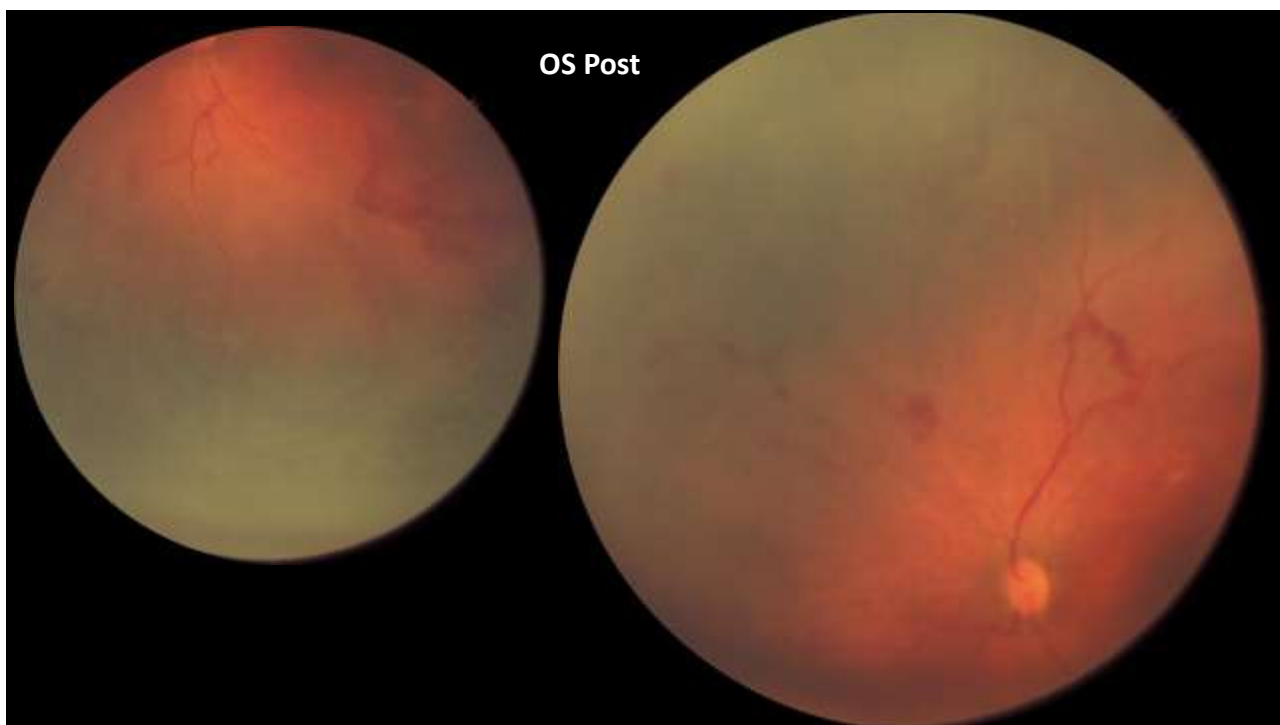
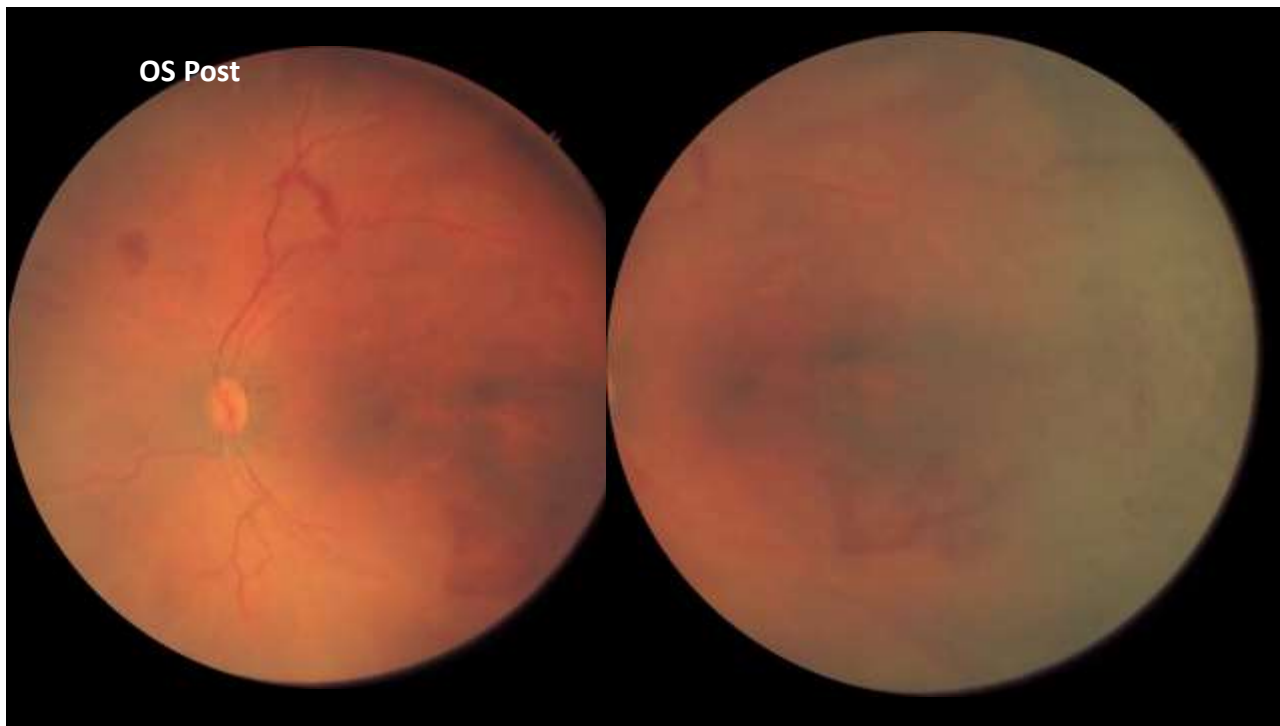
- Within 72 hrs as AAO recommended

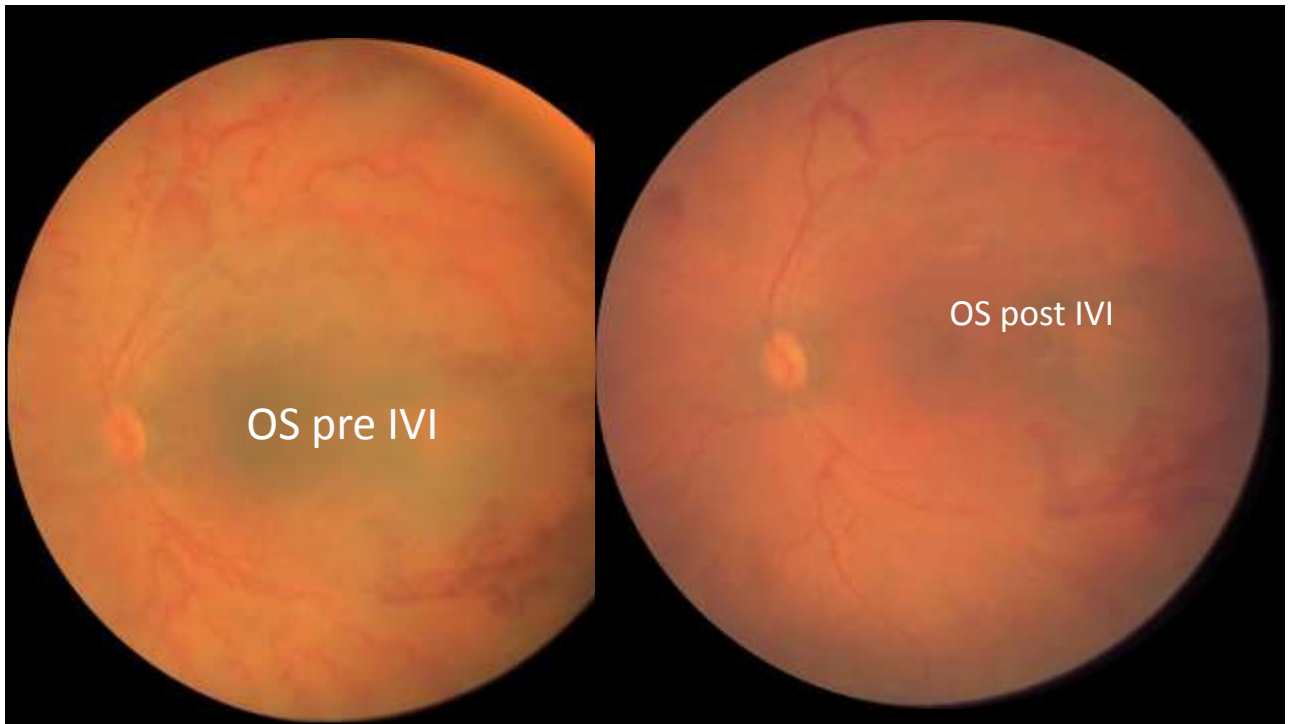


OD Post









ROP screening **AAO**

- BW: \leq **1500** g
- G.A : \leq **30** wks
- Bw between 1500 g & 2000 g or GA >30 wks who **at risk** for ROP due to concurrent illness.
- Time of ROP screening IF GA **4 wks after birth, but not before 31 Gestational age.**

ROP screening in Egypt

- ROP screening in preterms in Egypt is still in early stage.
- No screening criteria have been published for Egypt
- BW < **2000 g**
- GA < **34 wks**
- **@risk** for ROP



Take home message

- ROP is a leading cause of **preventable** and **treatable** blindness world wide.
- ROP **screening** of preterms is essential and needs **nationalization**.
- More efforts are needed to reduce the incidence of ROP, avoid risk factors, and **improve the guidelines** to ensure that all babies at risk receive a timely screening examination.



THANK YOU