

What you need to know about pediatric glaucoma

January 13 2015, by Bob Shepard

One evening, five years ago, Brittni Powell did what a lot of young mothers do and gazed into her 2-month-old son's eyes. What she saw had Brittni and her husband Byron heading immediately to a Montgomery-area hospital emergency department.

"We looked into his eyes and they had this gray, glazy tone to them," Powell recalled. "We knew that wasn't right."

Staff at the <u>hospital emergency room</u> weren't sure what they were seeing. They sent the Powells to the Callahan Eye Hospital at the University of Alabama at Birmingham. The pressure in young Jalen Powell's eyes was well beyond appropriate levels, and UAB glaucoma specialist Christopher Girkin, M.D., was called.

"Jalen was dealing with pediatric glaucoma," said Girkin, who is chair of the UAB Department of Ophthalmology. "It's uncommon, but in some children the drain of the <u>eye</u> does not form properly. It clogs, causing the pressure to go up very high, which can lead to massive damage to the optic nerve."

Left untreated, pediatric glaucoma can lead to blindness within weeks or months of onset. Fortunately, it is relatively rare, about one in 10,000 births. The best news is that it can be treated.

"We have surgical procedures that can open the drain of the eye and stabilize the pressure," Girkin said. "If done early, within the first few



weeks or months of life when the disease has just started and hasn't done a lot of permanent damage, you can cure pediatric glaucoma and enable a child to develop normal vision."

Girkin successfully operated on both of Jalen's eyes the day after his arrival at the Callahan Eye Hospital, but that was just the start of Jalen's involvement with UAB ophthalmologists. While Jalen had glaucoma in both eyes, the left was worse than the right. That led to amblyopia, or lazy eye.

"One of the problems with many eye diseases in children is that, if the eyes get off to a slightly different start, then the developing brain in a young child tends to favor the dominate eye very quickly," said Martin Cogen, M.D., a pediatric ophthalmologist at UAB. "The brain thinks this is the new normal. The good eye develops as it is supposed to, but the other eye gets ignored and left behind."

So it was with Jalen. The Powells made regular trips to Callahan to see Girkin and Cogen, while the physicians worked to balance vision in both eyes. Cogen had to patch the good eye to let the weaker left eye catch up. Ultimately, Jalen underwent another operation, where Cogen tightened the muscles of the left eye to help in its alignment.

"Jalen is doing better than average, and I expect him to continue being a star player for the future," Cogen said. "In his last exam, he was seeing perfectly normally in both eyes. Both eyes were straight, and they were working together. I think he's back on track."

"Now that he's older, we come up to the Callahan Eye Hospital once a year just to keep track of his vision and to check the pressure to make sure the glaucoma hasn't come back," Brittni Powell said.

That's not likely, according to Girkin. Jalen may need glasses or contacts,



but the quick reaction by his parents saved him from serious vision problems.

Signs of pediatric glaucoma include the haziness the Powells noticed, along with pain, excessive tears, light sensitivity, whitening of the cornea and enlargement of the eye. It's a medical emergency that needs to be treated by appropriate medical professionals at once.

The Callahan Eye Hospital, the only specialty eye hospital in Alabama, is uniquely positioned to handle complex cases such as Jalen's.

"Our faculty are specialists in every aspect of the eye. We have retina specialists, cornea specialists and glaucoma specialists, who focus on different parts and different diseases of the eye," Girkin said. "We see a lot of complex eye disorders where there will be two or three surgeons working on one child's eye—one on the retina, another on the lens or the cornea or the drain—trying to get a severely damaged eye to function again in the youngest of our patients. Fix the eye of a child and they see for the rest of their life. That's a great impact."

Brittni and Byron Powell would agree.

"This is the place to come," Brittni Powell said. "I back this hospital 1,000 percent. I love this place."

Provided by University of Alabama at Birmingham

Citation: What you need to know about pediatric glaucoma (2015, January 13) retrieved 10 May 2024 from https://medicalxpress.com/news/2015-01-pediatric-glaucoma.html

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is



provided for information purposes only.