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How high is the sky?SM

Pediatric Ocular Concerns
ED Updates

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Not all of these conditions are urgent, but many times anything involving the eye…involving children…gets seen in the ED

Eye Lids and Adnexa week 1

Conjunctiva – week 2

Cornea – week 3

- Review
- Case Report
- Anecdotes
- Tangents

- Goals:
  - Identify ocular conditions in pediatric patients
  - Identify urgent from non urgent
  - Develop management options for both

Eye Lids and Adnexa week 1- Timothy Hug

- Eye lids
  - Dermatitis
  - Molluscum
  - Chalazion
  - Periorbital Dermoid
  - Dacryocystocele
  - NLDO
  - Trauma

- Dermatitis
  - Allergic response with redness / non tender swelling/
  - Recent onset / possible know exposure to allergen

- Common irritants
  - eye drops
    - Atropine, antibiotic
  - nail polish
  - soaps
  - poison ivy

- Treatment
  - cold compress
  - oral antihistamine
  - topical corticosteroid cream/ointment
    - Maxitrol
    - Tobradex

- Pre-septal cellulitis
    - Cellulitis can be associated with pain / fever
    - Associated with skin break (trauma / bug bite)
    - Associated with sinus disease, upper respiratory infections

- Oral antibiotics
- IV antibiotics for infants

- Molluscum Contagiosum
  - viral skin lesion (pox virus), can occur anywhere
  - small umbilicated elevated lesions
  - if on lid margin will create a chronic conjunctivitis

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  - Will self resolve but if on eyelid margin, may need removal

- Chalazion
  - Obstruction of Meibomian gland
    - secondary inflammation when gland ruptures
  - Non infectious – no need for oral antibiotic
  - Painful in first 48 hours

- Chalazion
  - Warm compress / massage
  - Refer to eye care provider
    - Can take 6 months to resolve
    - Surgical incision and drainage option
      - after inflammatory process is resolved

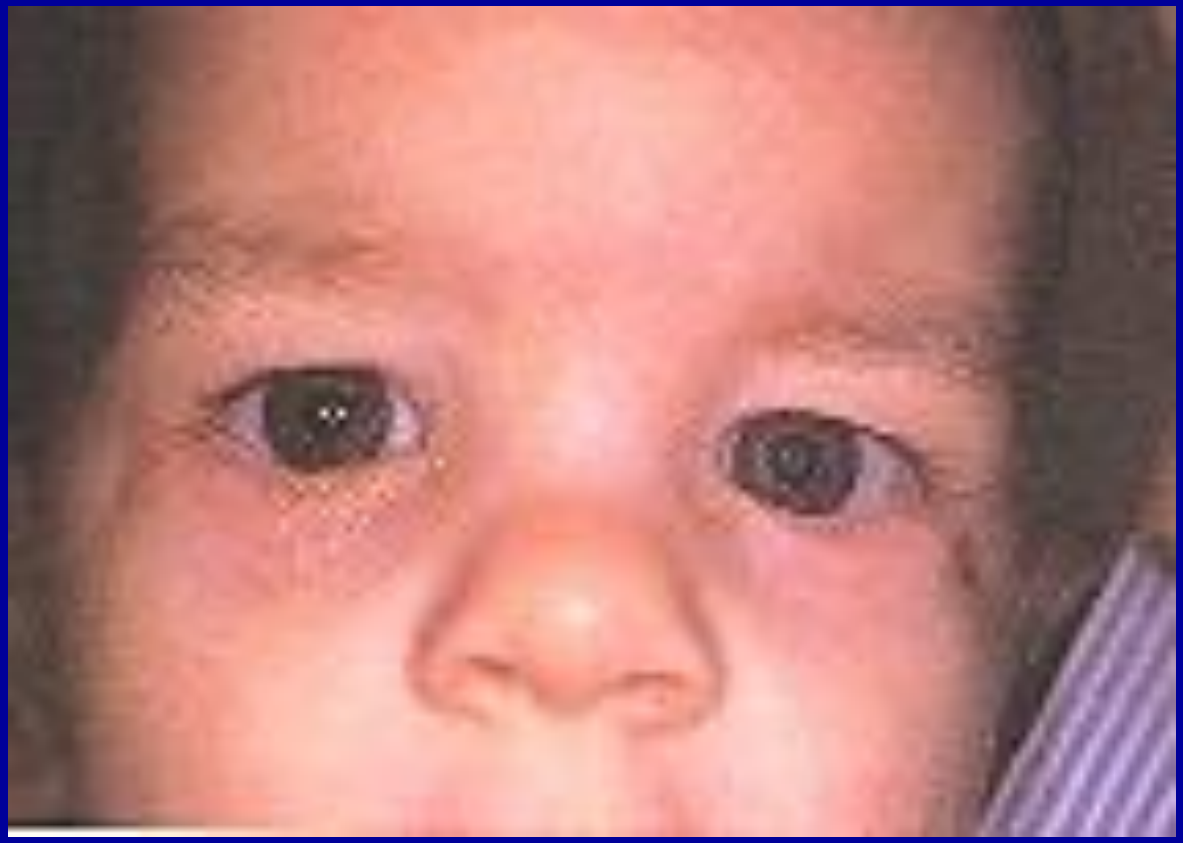
- Chalazion
  - can use topical antibiotic/steroid to elevated lesions, especially if externalizing

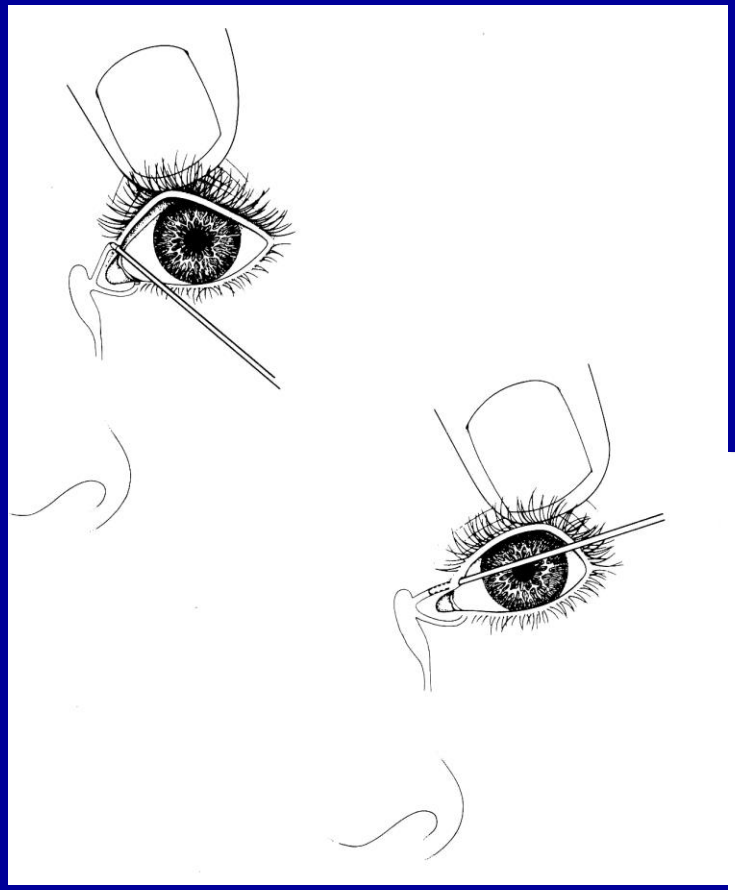
- Orbital dermoid
  - Often found on suture line of superior temporal orbital rim
  - Hard, non tender cyst, attached to the bone, overlying skin is not attached

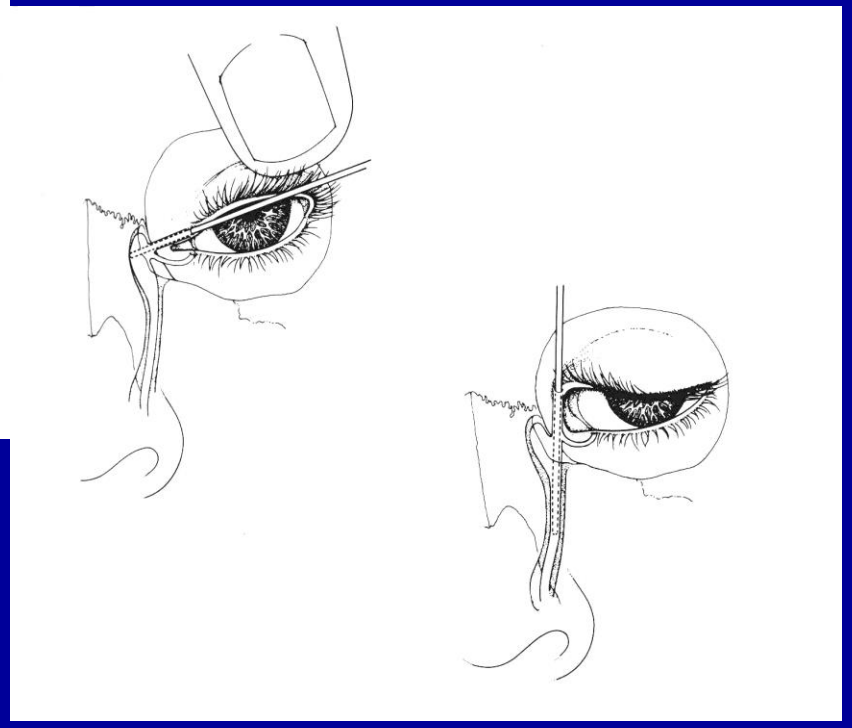
- Orbital dermoid
  - Appears in first 12 mos of life
  - Non urgent, CT not needed
  - Surgical excision around 1 year of age

- Dacryocystocele
  - Blockage of proximal and distal portions of nasolacrimal duct
  - Seen in first 3 months of life
  - Bacterial infection often common
  - Decompression if first line of treatment
  - Surgery if not successful decompression

- Nasolacrimal duct obstruction
  - Distal obstruction
  - Membrane / adhesion / valve of Hasner
  - Treatment
    - Self resolving in first 12 mos of life
    - Probe/ stent if unresolved by 12-18 mos







- Trauma
  - If involving the puncta or canaliculus surgical repair may require ophthalmology to place stent at time of suturing

- Summary
  - Many eyelid disorder are lumps and bumps and are not urgent
  - Knowing what they are can help manage your pediatric patients
  - Infections of eyelid are an urgency and need systemic antibiotics

- Next week: Conjunctiva!