

Cataract - A Leading cause of Blindness

Cataract is the leading cause of blindness worldwide, lest alone in Nepal. It's estimated that 20 million people are blind because of cataract that do not receive surgical intervention.¹ Although age related cataract is the most prevalent type of cataract, pediatric cataract and traumatic cataract are also important entities.

Visual morbidity due to pediatric cataract imposes a tremendous impact in the productive life of the people due to the increased number of blind years to survive with. Not only that, late treatment of dense pediatric cataract can cause amblyopia, usually stimulation deprivation amblyopia and also the strabismic amblyopia. Even after early cataract surgery, optical correction of aphakia with contact lens is required followed by treatment of amblyopia. Similarly, assessment of visual acuity in childhood is important to optimize visual outcome. At the same time, traumatic cataract is one of the important causes of pediatric cataract.

Ocular trauma is the major cause of monocular blindness and visual impairment throughout the world, although little is known about its epidemiology and associated visual outcome in developing countries. The national population based survey of blindness in Nepal (1981) found blindness prevalence rate of 0.84% with trauma responsible for 7.9% of monocular blindness.² In a five years population study, SK Khatry et al estimated the incidence of ocular injury in rural Nepal and identified details about these injuries that predict poor visual outcome.³

Since ocular injury causes severe disability and economic loss, several countries have estimated eye injury registries that serve for the collection of information on serious eye injuries. The purpose of this registry is to reduce morbidity from ocular injury by providing information that will aid the country in the prevention and treatment.⁴ Attempts to create awareness regarding the modes of trauma will go a long way in minimizing the incidence of ocular morbidity due to trauma.

In the present issue, Adhikari et al,⁵ has attempted to get information on clinical profile and etiology of cataract in pediatric age group with an emphasis on preventable factors. It has shown that out of 172 children with cataract, 24.1% had developed nystagmus and 15.17% of children had strabismus, which is an indication of severe, difficult to treat deprivation amblyopia. The authors have recommended pediatric vision screening program in the primary health posts, genetic counseling, maternal immunization, health education to school children and use of safety glasses to prevent cataract blindness in children.

Similarly, in another article the vision recovery of 6/18 or better in 69 patients out of 112 by simple conventional method of cataract surgery in traumatic cataract is encouraging.⁶

Nepal need a large epidemiological studies to support the above findings and to comment on actual outcome, long term follow up is mandatory.

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