



CASE REPORT

Pediatric Vision

G. Lecker*

Jennifer M. aged 7. Grade 1.

Jennifer presented for examination because, as her mother said, "She is getting nowhere in school and will not do any of her work." Jennifer had but one complaint (made to her mother): that of sore eyes.

Jennifer was neat and tidy but very shy, almost to the point of withdrawal, and during the whole of her examination never spoke to me. Her history showed her to have been of normal term at birth with no complicating factors during the mother's pregnancy. Jennifer's development showed no abnormalities and there was no history of illness with high temperatures or convulsions. The family history showed a diabetic tendency on the maternal side.

Jennifer was co-operative in testing visual skills which showed poor saccadic and pursuit movements of her eyes. Convergence was inaccurate (far to near and vice versa) and unstable; cover testing revealed wide divergences with poor recovery on exposure. Hand and eye co-ordination was not good and the patient could not catch a ball bounced to her. Her mother indicated that Jennifer tended to trip over her own feet, which could have her shoes reversed (she also reversed letters). Questioning showed that the child had a laterality problem, not knowing right from left. Jennifer's ability to color simple pictures was erratic and her attempts to reproduce simple drawings produced frustration. The

patient's V.A. for each eye at distance was 20/20 and 20/25 for near. Binocular vision and fusion were present. Patient's lids showed slight blepharitis marginalis O.U. Pupil reflexes were normal. Ophthalmoscopy failed to reveal the presence of pathology.

Retinoscopy indicated accommodative spasm. Repeating the procedure at near while the patient was viewing a teddy bear or rabbit affixed to the top of the retinoscope (a spot retinoscope is used in all instances) showed +.25 dioptres in each eye.

The small amount of plus was prescribed together with training on a balance beam, laterality training ("Angels in the Snow") and convergence training — catching a ball bounced to her (also an aid to hand-eye co-ordination) and, later, the transfer of candy cake decorations on the end of her finger to her mouth with constant observation of the slowly moving finger.

Jennifer was re-assessed in three months. After some cajoling on the part of her mother, the child had begun to wear her glasses. Retinoscopy showed no radical changes in her accommodative patterns. Jennifer had learned left from right and got her shoes on correctly. The rest of her testing showed similar results as on the initial visit. Continued training and wear of her glasses was advocated.

The sixth month assessment was a different story — Jennifer actually said "hello" and presented me with a picture she had drawn (terrible by any standards, but a picture). There was a marked improvement in

saccadics and pursuits, and Jennifer could converge with relative ease but with some difficulties in maintenance — she could now catch a ball. Cover testing showed slightly less divergence of eye under cover. Retinoscopy showed no spasm in accommodation with more plus correction at a later date. Near V.A. had improved to 20/20 for each eye. No changes were made in glasses or her training.

At the end of one year Jennifer was far less retiring. She liked to color and her pictures were gradually assuming some symmetry and cohesion. Eye movements were very well executed and convergence was being maintained. The patient's printing was on line and letters were of equal size, without reversals. Her lens correction was changed to +.75 O.U.

All this occurred 10 years ago and as she went on in school Jennifer continued to improve in her efficiency. She began to take piano and art lessons becoming quite proficient in both fields. Now, aged 17, this is a well-rounded "young lady," doing well from a scholastic and social standpoint. She no longer wears a refractive correction (but may have need of one again later). If these measures had not been adopted on her behalf, we can only guess what she would or would not be capable of to-day and would have to wonder if she would be socially involved with her peers.

The system of treatment does work, why not use it?

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