

Kids with blocked tear ducts at higher risk for 'lazy eye'

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Amblyopia, sometimes referred to as "lazy eye," is a cause of poor vision in children. It occurs in about 1.6% to 3.6% of the general population. Early treatment is critical, as the first few years are the most important in the development of eyesight. If amblyopia is not treated in the first 6 to 10 years, poor vision becomes permanent and cannot be corrected.

A recent study published in the *Journal of the AAPOS*, the official publication of the American Association for Pediatric Ophthalmology and [Strabismus](#), has found that children under the age of 3 with a nasolacrimal duct obstruction (NLDO), or blocked tear duct, were at an increased risk for developing amblyopia. About 6% of children are born with blocked tear ducts.

Authors Noelle S. Matta, CO, CRC, COT, and David I. Silbert, MD, FAAP, of the Family Eye Group in Lancaster, PA, report that of the 375 children studied, 22% had amblyopia risk factors, an 8-fold increase compared with the rate in the general population. More than 63% of the children with risk factors developed clinical amblyopia necessitating treatment. Half of the patients who had risk factors required treatment with glasses, and 1 in 5 required patching therapy.

"We recommend that all children with congenital NLDO undergo comprehensive examination, including cycloplegic refraction, and be followed carefully if [risk factors](#) are present," commented Ms. Matta.

"What is especially interesting about this study is that all of the patients who required patching had amblyopia in the eye that had the blocked tear duct. This is strong evidence that the association of [amblyopia](#) and tear duct obstruction is more than coincidental," said David G. Hunter, MD, PhD, Editor-in-Chief of the *Journal of AAPOS* and Ophthalmologist-in-Chief at Children's Hospital Boston.

More information: The article is "High prevalence of amblyopia risk factors in preverbal children with nasolacrimal duct obstruction," by Noelle S. Matta, CO, CRC, COT and David I. Silbert, MD, FAAP. It appears in the *Journal of AAPOS*, Volume 15, Issue 4 (August 2011)

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