ISSN 3006-2543 (Online) ISSN 1990-3863 (Print)



AL-SHIFA JOURNAL OF OPHTHALMOLOGY

An Open Access, Peer Reviewed, Quarterly Journal of AL-SHIFA TRUST EYE HOSPITAL



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Al-Shifa Journal of Ophthalmology

Vol. 19, No. 3, July – September 2023

QUARTERLY PUBLISHED

- Editorial: Challenges in Communicating Glaucoma Prognosis
- Aqueous vs. Vitreous Tap in Endophthalmitis Diagnosis
- Retinal Nerve Fibre Layer Thickness in Pediatric Population
- Gas versus Air Tamponade in Pars Plana Vitrectomy
- Tacrolimus in Refractory Vernal Keratoconjunctivitis
- Refractive Error Correction Awareness
- Impact of Gadgets on Amblyopia Therapy (Case Report)

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Indexed in Index Medicus -EMR

Recognized by Pakistan Medical & Dental Council – IP/033

Al-Shifa Journal of Ophthalmology

Editorial inquiries should be addressed to Prof. Dr. Tayyab Afghani, Department of Orbit
and Oculoplastics, Al-Shifa Trust Eye Hospital, Jhelum Road Rawalpindi, Pakistan.
Tel: 0092 51 5487821-25, Fax: 0092 51 5487827: Email:agrcpio@yahoo.com;
Website: www.asjoalshifaeye.org

Editorial: Navigating Hope and Reality: Challenges in Communicating Glaucoma Diagnosis and Prognosis Mahmood Ali	91
Exploring Diagnostic Precision: A Comparative Analysis between Aqueous and Vitreous Taps for the Diagnosis of Bacterial Endophthalmitis Sara Najeeb, Muhammad Irfan Sadiq, Fatima Akbar Shah, Umair Tariq Mirza, Muhammad Usman Sadiq, Muhammad Shuaib	93
Retinal Nerve Fibre Layer Thickness Among Children with Refractive Errors Using Spectralis Optical Coherence Tomography Alizay Gohar Afzal, Aunaza Maqbool, Usman Arshad, Sehrish Khan, Rabia Sharif Bhatti, Sohail Zia	100
Comparison between Efficacy of Sulfur hexafluoride (SF6) Gas Tamponade and Air Tamponade after Pars Plana Vitrectomy in Fresh Rhegmatogenous Retinal Detachment Muhammad Muneeb, Kanwal Zareen Abbasi, Muhammad Rizwan Khan, Bilal Humayun Mirza	106
Efficacy of 0.03% Tacrolimus in Refractory Vernal Keratoconjunctivitis Afia Matloob Rana, Sidra Jabeen, Sidra Fatima	115
Awareness, Perception and Preferred Modality of Refractive Error Correction Methods Nalain Syedah, Muhammad Afzal Bodla, Maryam Syedah	121
Impact of Gadgets on Amblyopic Therapy and Risk of Astigmatism Development: A Prospective Case Report of a 5 years old Mutahir Shah, Saif Ullah	128

Impact of Gadgets on Amblyopic Therapy and Risk of Astigmatism Development: A Prospective Case Report of a 5 years old

Mutahir Shah¹, Saif Ullah¹

Abstract:

This prospective case report was carried out to investigate the effect of electronic gadget use during amblyopic therapy in a 5-year-old child with monocular hyperopia of +6DS. The child received glasses and underwent patching therapy for the amblyopic left eye while using electronic devices. The therapy successfully improved visual acuity over two years, an unexpected development of with-the-rule astigmatism in the left eye raised concerns about the role of gadget use in astigmatism development. This prospective case report highlights the efficacy of patching therapy combined with gadget, but suggests the need for further investigation of the potential risks of developing astigmatism. *Al-Shifa Journal of Ophthalmology 2023; 19(3): 128-130.* © *Al-Shifa Trust Eye Hospital, Rawalpindi, Pakistan.*

1. Pakistan Institute of Community Ophthalmology, Peshawar

Originally Received: 8 April 2023

Revised: 29 April 2023 Accepted: 1 May 2023

Correspondence to:

Siraj Khan Safi Assistant Professor Optometry Pakistan Institute of community Ophthalmology, Peshawar siraj_safi@yahoo.com

Introduction:

Amblyopia, often referred to as "lazy eye," is a common vision disorder in the absence of any organic pathology occurred in children that can lead to irreversible vision impairment if not treated promptly.¹ Decreased visual acuity in one or both eyes is a symptom of aberrant binocular interaction that occurs during the critical time of neurodevelopment in the visual cortex.2 If one eye has a BCVA that is two lines lower than the other, this is considered clinically to be monocular amblyopia. In children, amblyopia is the leading cause of monocular vision loss in one eye, making it important public health concern.³ Previous estimates of the worldwide prevalence of amblyopia have varied widely, from 0.2% to 5.3% of the population, depending on factors like the definition of amblyopia, the location of the studies, and the heterogeneity of the studies themselves.4 Among the world's populations, Europe has the highest incidence of amblyopia, with a global pooled prevalence estimate of 1.36 percent in 2022 and 1.75 percent in 2018.⁵

Case Report:

A case of 5-year-old child with monocular hypermetropia of +6.0DS in left eye, presented to the eye OPD of a tertiary care hospital in Islamabad. His other eye was emmetropic. Cycloplegic refraction was done using 1 % cyclopen. The patient was diagnosed with monocular ametropic amblyopia in left eye. Presenting visual acuity was 1.0 Log MAR, that improved to 0.96 log MAR after refraction. The patient was assessed for varying degree of visual acuity and refractive errors in both eyes and was followed closely for two years. The glasses were prescribed and parents were instructed to patch the eye 4-6 hours a day and the child was allowed to use smartphone/tab for games and other activities during patching time. Visual acuity and refractive errors were assessed every six months. A comprehensive eve examination, including assessment of astigmatism, was performed at each followup. Informed consent was taken from the guardians. All steps were followed according to Helsinki Declaration.

Visual acuity and refractive errors were monitored regularly. The results revealed a significant improvement in visual acuity from 0.96 Log MAR to 0.1 Log MAR in the amblyopic left eye over two years of treatment, demonstrating the efficacy of patching therapy combined with gadget use. However, an unexpected outcome was development of with the rule astigmatism (-2.0 D) in the left only eye during this period, which prompted further investigation. Treatment often includes correcting refractive errors with glasses and patching therapy to encourage the use of the amblyopic eye. Over the two-year followup period, visual acuity in the left eye improved significantly from 0.96 Log MAR to 0.6 Log MAR in first six months inducing any astigmatism. However, in next 3 visits the VA of the child was improved from 0.6 to 0.1 Log MAR but the child gets monocular with the rule astigmatism in amblyopic eye with a magnitude of 2D. Although the results

indicating successful amblyopic therapy in monocular ametropia, but the occurrence of monocular astigmatism raised question regarding used of electronic gadgets in early life and development of astigmatism.

Discussion:

Refractive error correction has been proven to enhance visual acuity (VA) in both unilateral and bilateral amblyopia. Approximately one-third of cases of anisometropic, mixed, and strabismic amblyopia resolve without intervention after 10-30 weeks of optical demonstrating treatment alone, significant improvement in VA of 2 logMAR lines or more.³

Our case report revealed that in monocular amblyopia gadget assisted patching had a significant role in improvement of visual Previously published acuity. showed that positive impact of gadgetassisted patching therapy on amblyopia treatment, as evidenced by the significant improvement in visual acuity.^{3,5} Video games have gained substantial attention as a possible amblyopia treatment due to the rapid development of technology. The visual demands and stimuli of action video games can translate to real-world situations involving, for example, crowding, light sensitivity, contrast sensitivity, visual attention, and many components of visual short-term memory. The possible reason for that will be the release of dopamine a hormone that enhance the neuroplasticity of the brain and as a result improvement in visual acuity in amblyopic Eye. ³ The first strategy involves, playing video games usually in a monocular fashion with the non-amblyopic eye occluded. This method is predicated on the idea that engaging in such activities can assist alleviate visual distractions and improve a variety of spatial vision skills that can aid in the detection of things. We followed the modality of using electronic gadgets during the amblyopic therapy period for the child. However, the emergence of astigmatism during the treatment period raises questions about the potential influence of gadget use on refractive development. Prolonged screen close-up focusing potentially contribute to changes in ocular physiology, including corneal curvature length. Understanding and axial mechanisms underlying behind the progressive increase in corneal astigmatism that occurs with screen time exposure is crucial for the development of effective strategies for its treatment. Studies showed that with the rule astigmatism is highly correlated with the position and pressure exerted by the upper eyelid.6 Studies reveled that extended periods of downward gazing while using electronic screens can result in a sustained application of force on the vertical corneal meridian, which in turn causes an increase in the curvature of the cornea.^{6,7} Despite the lack of evidence in this study, further research is necessary to examine the suggested mechanism and its correlation with the pattern of astigmatism over an extended period of time.

Conclusion:

This case highlights the effectiveness of gadget-assisted patching therapy improving visual acuity in amblyopic children. However, clinicians should remain vigilant for potential side effects, such as the development of astigmatism. Further research is needed to better understand the relationship between gadget use and refractive changes in pediatric patients undergoing amblyopia treatment, allowing for the optimization of therapy protocols and long-term visual outcomes.

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Authors Contribution

Concept and Design: Saif Ullah
Data Collection / Assembly: Saif Ullah
Drafting: Saif Ullah
Statistical expertise: Saif Ullah
Critical Revision: Mutahir Shah