



**Commentary**

Volume 4 Issue 1 – March 2017  
DOI: 10.19080/AJPN.2017.04.555684

Acad J Ped Neonatol

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## Retina Lartery Occlusion in Pediatrics

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**Submission:** February 01, 2016; **Published:** March 28, 2017

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### Commentary

Retinal infarction in children is an extremely rare diagnosis, with very few cases reported in the literature. The incidence of retina lartery occlusion in patients less than 30 years has been estimated to be less than 1 in 50,000 [1]. Cyanotic heart disease and hypercoagulable states are the most frequent conditions associated [2]. Secondary polycythemia is a well-documented etiologic factor related to thrombotic events, both arterial and venous, as they include retina lartery occlusions [3]. Congenital heart disease affects approximately 1% of all live births and one of them ostfrequent complications seen in survivors of congenital heart disease is thromboembolism. Blalock-Taussigshunts, Glenn and Fontan procedures are the most significant cardiac surgical procedures which are complicated by thrombosis. [4]. The treatment algorithm for retina lartery occlusion, although well described, does not improve overall visual function because most patients present after the threshold for permanent retinal damage is established. The treatment options includes ocular massage, decreasing intraocular pressure via anterior chamber paracentesis and use of hyperbaricoxygen [5], and when second arypolycythemia is present phlebotomy has show edreperfusion of the retina [3]. None of these treatment shave shown promise in decreasing the ultímate morbidity found on this disease because there tinal tissue sustains irreversible damage when the central retina lartery has been obstructed for 90 to 120 minutes [6]. Recovery of useful visión is directly related to the promptness of treatment and initial visual acuity. Patients that showed i

mprovement had presenting visual acuity of counting fingers and a mean duration of visual loss of 21.1 hours; those that did not improve had presenting visual acuity of hand movement and a mean duration of visual loss of 58.6 hours. Branch retina lartery occlusions (BRAOs) are associated with a higher recovery rate (80% of eyesimproveto 20/40 or better) than central retina lartery occlusions (CRAOs) [7].

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DOI: [10.19080/AJPN.2017.04.555684](https://doi.org/10.19080/AJPN.2017.04.555684)

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