Comments on: Causes of delayed presentation of pediatric cataract: A questionnaire-based prospective study at a tertiary eye care centre in central rural India

Dear Editor,

Dr. Sen *et al.* need to be congratulated for their work on causes of delayed presentation of pediatric cataracts in India.[1] There have been studies about how delayed presenting cataracts in children fare after pediatric cataract surgery, but none on the exact causes of delay from India.[2] While lack of awareness was the cause between detection by a family member (mostly mother) and presenting to the hospital (delay 1 as per author), like studies from China, South Africa, Zambia[3-5]; cost was the major factor for delay in posting for surgery (delay 2). In their questionnaire, the authors should have asked what the primary health care providers told the parents. Studies from South Africa and Zambia showed that on numerous occasions, local nurses, general practitioners, and paediatricians advised the parents to wait, rather than undergo early surgery.[4,5] Fear of anaesthesia and sub-optimal visual results were contributing factors for health care providers. Many health care personnel were not aware of amblyopia and the narrow window of opportunity. Dr. Sen should have explored whether such barriers existed in rural central India, as they are amenable to correction by continual medical education. Another study from India and China about delay in presentation for pediatric cataracts had found the delay to be more in India, as the mothers were less likely to be literate and visiting a doctor later, than in China.[6]

Cost was a barrier as pediatric cataract surgery needs more inputs like hydrophobic acrylic intraocular lenses, automated vitrectors, general anaesthesia and longer post-operative care and costs more than adult cataract surgery.[7] Many children come from poor families. Institution, non-government organisations (NGOs), international non-government development organisations (INGDOs) and philanthropist must step in to bridge the gap so that children who need surgery, do not have to wait for it, if their parents cannot immediately afford it. Neighbouring Bangladesh has had one of the world's most successful pediatric cataract- programme by using the novel approach of key informants to detect cataracts in children and then launching an INGDO supported nation-wide program.[8] Dr. Sen *et al.* report only 34.3% visual outcome <0.48 logMAR units (≥6/18) visual acuity. But that was at a one month follow-up. The vision would improve as the children's visual system adapts to its new clearer status, and a 6 or 12-month follow-up would have more encouraging vision. Studies from Pune and Miraj have shown that delayed presenting cataracts also have a significant visual impairment, unlike the study from China.[2,3,9] Just a good follow-up has been shown to improve postoperative vision after pediatric cataract surgery.[9] Factors which kept the child away from early surgery also conspire to keep the child away from proper follow-up, refraction, and amblyopic treatment.[10] Schools for the blind in India still have children who underwent anatomically successful cataract surgery, but faltered on the physiologic development of vision.[11] We surgeons are rightly proud of our surgical prowess, but early identification, timely surgical treatment, and proper follow-up of pediatric cataracts needs a team approach with a community orientation, as propounded by Orbis International in Chitrakoot, Zambia, and other parts of India.[1,5,9,12,13]

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Conflicts of interest

There are no conflicts of interest.

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