Commentary: Retinopathy of prematurity screening made simple – Smartphone-based fundus imaging

Retinopathy of prematurity (ROP) continues to remain an important cause of childhood blindness all over the world with a difference in the scenario in the developed and developing countries. [1,2] Countries such as India and China together account for more than half of the total number of premature infants born, with India alone accounting for 3.5 million preterm infants annually. [3] The incidence of ROP is on the rise, not just in urban but even rural areas. Better facilities in the newborn care have led to reduction in the neonatal mortality rate and increase in the number of at-risk babies. However, the number of ophthalmic personnel required to screen all the at-risk babies is insufficient. In India, programs like KIDROP^[4] have helped in reducing the number of ROP-related blindness using wide-field imaging, telemedicine, nonphysician graders, and smart phone reporting.

It may not be possible to use an expensive wide-field imaging-based system for all. This is where the role of smartphone-based fundus imaging plays an important role. Lekha *et al.*^[5] in their study have demonstrated that MII RetCam-assisted smartphone-based fundus imaging is a potential alternate imaging tool enabling objective documentation and monitoring of ROP in low-resource settings. Smartphone-based fundus imaging can be used by the pediatricians themselves and an ophthalmologist trained in managing ROP can review the images at a remote location and help achieve near-optimal screening. The other important aspect of the smartphone-based fundus imaging is the relative use of handling and a smaller learning curve.

The screening examination can be stressful for both babies and parents; a trust can be developed between the doctor and the parents by involving the parents in the care and photographic evidence can go a long way in achieving it. Smartphone-based fundus imaging could be the way forward not just in screening ROP but other retinal conditions as well.

Bhavik Panchal

Department of Vitreoretina and Uveitis Services, L V Prasad Eye Institute, Visakhapatnam, Andhra Pradesh, India Correspondence to: Dr. Bhavik Panchal, Department of Vitreoretina and Uveitis Services, L V Prasad Eye Institute, Visakhapatnam - 530 040, Andhra Pradesh, India. E-mail: bhavik@lvpei.org

References

- Gilbert C, Rahi J, Eckstein M, O'Sullivan J, Foster A. Retinopathy of prematurityin middle-income countries. Lancet 1997;350:12e4.
- Gilbert C, Fielder A, Gordillo L, Quinn G, Semiglia R, Visintin P, et al. International NO-ROP Group. Characteristics of infants with severe retinopathy of prematurity in countries with low, moderate, and high levels of development: Implications for screening programs. Pediatrics 2005;115:e518e25.
- United Nations. Born too soon. The global action report on preterm birth; 2012. Available from: http://www.who.int/pmnch/media/ news/2012/201204_borntoosoon-report.pdf. [Last accessed on 2018 Apr 28].
- 4. Vinekar A, Gilbert C, Dogra M, Kurian M, Shainesh G, Shetty B, et al. The KIDROP model of combining strategies for providing retinopathy of prematurity screening in underserved areas in India using wide-field imaging, telemedicine, non-physician graders and smart phone reporting. Indian J Ophthalmol 2014;62:41e9.
- Lekha T, Ramesh S, Sharma A, Abinaya G. MII RetCam assisted smartphone based fundus imaging for retinopathy of prematurity. Indian J Ophthalmol 2019;67:834-9.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code:	Website:
间形体代间	www.ijo.in
	DOI: 10.4103/ijo.IJO_842_19

Cite this article as: Panchal B. Commentary: Retinopathy of prematurity screening made simple – Smartphone-based fundus imaging. Indian J Ophthalmol 2019;67:839.