

AMBLYOPIA

What is amblyopia?

Amblyopia is poor vision in an eye that did not develop normal sight during early childhood. It is sometimes called “lazy eye.” When one eye develops good vision while the other does not, the eye with poorer vision is called amblyopic. Usually, only one eye is affected by amblyopia, but it is possible for both eyes to be “lazy.” The condition is common, affecting approximately two or three out of every 100 people. The best time to correct amblyopia is during infancy or early childhood.

How does normal vision develop?

Newborn infants are able to see, but as they use their eyes during the first months of life, vision improves. During the early childhood years, the visual system changes and develops. If a child does not use his or her eyes normally, vision does not develop properly. After the first nine years of life, the visual system is fully developed and usually cannot be changed. The development of equal vision in both eyes is necessary for normal vision.

When should vision be tested?

It is recommended that all children have their vision checked by their pediatrician, family physician, or ophthalmologist at or before their fourth birthday. Most physicians test vision as part of a child’s medical examination. They will refer a child to an ophthalmologist for a sign of eye problems. If there is a family history of misaligned eyes, an ophthalmologist should examine the eyes during infancy.

What causes amblyopia?

Amblyopia is caused by any condition that affects normal use of the eyes and visual development. In many cases, the conditions associated with amblyopia may be inherited. Amblyopia has three major causes:

1. strabismus (misaligned eyes)

Amblyopia occurs most commonly with misaligned or crossed eyes. The crossed eye “turns off” to avoid double vision, and the child uses only the better eye. The misaligned eye then fails to develop good vision.

2. unequal focus /refractive error

Refractive errors are eye conditions that are corrected by wearing glasses. Amblyopia occurs when one eye is out of focus because it is more nearsighted, farsighted, or astigmatic than the other. The unfocused (blurred) eye “turns off” and becomes amblyopic. The eyes can look normal, but one eye has poor vision. This is the most difficult type of amblyopia to detect since the child appears to have normal vision when both eyes are open. Amblyopia can also occur in both eyes if both eyes have very blurred vision. This can happen when there is a high amount of nearsightedness, farsightedness, or astigmatism.

3. cloudiness in the normally clear eye tissues

An eye disease such as a cataract (a clouding of the eye’s naturally clear lens) may lead to amblyopia. Any factor that prevents a clear image from being focused inside the eye can lead to the development of amblyopia in a child. This is often the most severe form of amblyopia.

How is amblyopia diagnosed?

It is not easy to recognize amblyopia. A child may not be aware of having one strong eye and one weak eye. Unless the child has a misaligned eye or other obvious abnormality, there is often no way for parents to tell that something is wrong. Amblyopia is detected by finding a difference in vision between the two eyes or poor vision in both eyes. Since it is difficult to measure vision in young children, your ophthalmologist often estimates visual acuity by watching how well a baby follows objects with one eye when the other eye is covered. Using a variety of tests, the ophthalmologist observes the reactions of the baby when one eye is covered. If one eye is amblyopic and the good eye is covered, the baby may attempt to look around the patch, try to pull it off, or cry.

Poor vision in one eye does not always mean that a child has amblyopia. Your ophthalmologist will also carefully examine the interior of the eye to see if other eye diseases may be causing decreased vision.

These diseases include:

- cataracts;
- inflammations;
- tumors; and
- other disorders of the inner eye.

How is amblyopia treated?

To correct amblyopia, a child must be made to use the weak eye. This is usually done by patching or covering the strong eye, often for weeks or months. Even after vision has been restored in the weak eye, part-time patching may be required over a period of years to maintain the improvement. Glasses may be prescribed to correct errors in focusing. If glasses alone do not improve vision, then patching is necessary. Amblyopia may also be treated by blurring the vision in the good eye with special eyedrops or lenses to force the child to use the amblyopic eye.

Why treat amblyopia?

If amblyopia is not treated, the following problems may occur:

- the amblyopic eye will have permanently decreased vision;
- depth perception (seeing in three dimensions) will be lost;
- if the good eye is ever injured, a lifetime of poor vision will result.

Your ophthalmologist can give you instructions on how to treat amblyopia and can help you carry out this treatment. Children do not like to have their eyes patched. Your interest, involvement, and persistence will be necessary for a successful treatment.

Loss of vision is preventable

Success in the treatment of amblyopia also depends upon:

- how severe the amblyopia is; and
- how old the child is when treatment begins.

If the problem is detected and treated early, vision can improve for most children. Amblyopia caused by strabismus or unequal refractive errors may be treated successfully during the first nine years of age. If amblyopia is not detected until after early childhood, treatment may be unsuccessful. Amblyopia caused by cloudiness of the eye tissues, such as from cataracts, needs to be detected and treated extremely early.