Common Eye Problems in Children

For enquiries and appointments, please contact us

HKSH Healthcare Medical Centre
Ophthalmology Centre

Level 21, One Pacific Place
88 Queensway, Hong Kong

(852) 2855 6700  (852) 2523 7660
eye@hksh-healthcare.com

Service Hours (by appointment only)
Monday to Friday:  9:00 am - 5:00 pm
Saturday:  9:00 am - 1:00 pm
Closed on Sundays and Public Holidays

www.hksh-healthcare.com
Newborn infants are able to see. Their vision continues to improve over the first 8 years of life with proper use of the eye. If an eye problem develops during the first 8 years of life, it may hinder the proper use of the eye. If uncorrected, this will lead to lazy eye (amblyopia).

Short-sightedness

In Hong Kong, more than 40% of primary school children suffer from short-sightedness. Short-sightedness is due to the eyeball being too long.

Generally speaking, short-sightedness usually increases as the child grows until after adolescence when the eye reaches a stable length.

A child with short-sightedness will have problem seeing distant objects. He will have difficulty in copying from the blackboard and he might squint his eyes when looking at distant objects.

If a child has significant short-sightedness, he should wear spectacles. This will improve his vision as well as prevent lazy eye.

Long-sightedness

Long-sightedness is less common than short-sightedness amongst Hong Kong children. Long-sightedness is due to the eyeball being too short.

The symptoms of long-sightedness are less obvious than short-sightedness. If a child only has mild long-sightedness (less than 200 degrees), he may behave quite normally. He can use the plasticity of his lens to keep things in focus and he can see rather clearly. However, if the child has severe long-sightedness, he will have difficulty in focusing and he will see poorly. He might even develop squint (strabismus) and lazy eye. Under these circumstances, the child must wear glasses.

Astigmatism

In astigmatism, the curvature of the cornea is different along the vertical axis and the horizontal axis. As a result, light rays entering the eye are focused at different points instead of a single point. This will create a blurry image. The child may also suffer from eyestrain. He might squint his eyes or adopt a head tilt. A child with high astigmatism requires glasses.
Strabismus (Squint)

Strabismus is a condition in which the eyes are misaligned. The two eyes point towards different directions. One eye is fixed at the object of interest, while the other eye is misaligned to a different direction. The misaligned eye may be directed inward (convergent squint), outward (divergent squint) or upward (vertical squint). A child with squint will only use the properly aligned eye to see. The image from the misaligned eye will be suppressed. This will lead to loss of binocular vision and may even cause lazy eye. Squint also causes a cosmetic problem that will affect the child’s self-esteem.

In most cases, squint is caused by improper eye muscle balance. However, in a small number of children, squint is caused by serious underlying eye diseases such as congenital cataract, cancer of the eye, etc. Therefore, we should never neglect a squint.

Lazy Eye (Amblyopia)

During the first 8 years of life, the visual system is in a developmental stage. Though a newborn infant is able to see, his vision will continue to develop with proper use of his eyes. If proper use of his eye is hindered, the vision in that eye will not develop properly, and that eye will become a lazy eye. A lazy eye has poor vision and is not correctable with glasses.

What can hinder an eye from being used normally? Firstly, this occurs with misaligned eyes. Secondly, it could occur when one eye is out of focus with respect to the other because of a stronger degree of short-sightedness, long-sightedness or astigmatism. The more out-of-focus eye “turns off” and becomes lazy. Thirdly, droopy eyelid and eye diseases like cataract that inhibit light entering the eye also lead to lazy eye.

Lazy eye commonly occurs in only one eye of a child. Parents might not be aware that their child is only seeing the world with one eye unless they bring their child for a formal eye examination.

If lazy eye is detected in early childhood, it can be corrected by patching the normal eye. However, after the age of eight, lazy eye becomes irreversible.
Eye Examination

A young child will not be able to tell you of his visual problems. Therefore, parents should bring their child for a comprehensive eye examination. A comprehensive eye examination can tell you whether the child has short-sightedness, long-sightedness, astigmatism, squint, lazy eye or any other eye diseases. If an abnormality is detected, early treatment can be offered. If the eyes are found to be normal, this would be a piece of useful baseline information for future reference.

An eye doctor is able to examine a child of any age and also check whether the child has focusing problems. For infants, the eye doctor might need to use special techniques, instruments or diagnostic eye drops.

We recommend every child to have an annual comprehensive eye examination after the age of 4. If you notice any of the following conditions, you should bring the child to see an eye doctor as soon as possible, even before the age of 4:

- An infant who has abnormal visual response. For example, he does not respond to light or follow toys and cannot recognize the face of his parents
- The eyes have abnormal external appearance (e.g. droopy eyelids, redness and swelling of the eyes, bulging eyeballs, or white reflex from the pupils, etc.)
- Frequent tearing, blinking and rubbing of eyes
- Blurred vision, double vision
- Abnormal alignment of eyes, e.g. eye turned inward, outward or upward
- Head tilt when looking at objects
- Squinting of eyes when looking at objects or when copying from the board
- Any other condition that makes you worried