

TAKE OFF THE KID GLOVES



Most of us in the retina profession mainly deal with adult and elderly patients, but there is a dedicated group of clinicians who regularly manage patients on the younger end of the spectrum. Everyone knows that children are innocent, naïve, curious, and fragile in many ways. But when a child is a patient in a retina practice, these attributes can seem magnified. There's no doubt that caring for pediatric patients takes a different skill set from that needed to manage adult patients. This isn't new information. In fact, it's part of the reason why some retina specialists shy away from treating pediatric patients. Pediatric retinal disease may be a delicate matter, but it's not one to fear. Whether you see one pediatric patient every 5 years or five pediatric patients each day, we want to help you care for them with confidence and competence.

We two may not be known as pediatric retina experts, but we appreciate our colleagues who dedicate their time to staying on top of the latest research in this area. We also admire those who push the envelope by coming up with new techniques and working with industry to develop novel devices and instrumentation. These individuals and their innovations have fueled progress in pediatric retina, and *Retina Today* aims to keep you in the know regarding these innovations so you can keep your pediatric retina game sharp.

This issue offers a balance of content that will help with this. In these pages you'll receive guidance in pediatric surgical situations, learn how to take an individualized approach to pediatric trauma cases, understand the challenges of diagnosing rare disease in patients with complex pathologies, and appreciate the potential of digital technology to improve the eye health care of premature babies.

We hope you're able to take away some golden nuggets from these articles that you can apply in the clinic and OR. ■

CHIEF MEDICAL EDITOR

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4 FOUR FAVORITES

Retina Today's choice takeaways from this issue.

1 "As the ability to collect digitized high-resolution fundus images becomes available in resource-limited regions, it will become possible to use advanced computational techniques, such as computer-based image analysis and deep learning, in these regions."
— Ruik Chee, MD; J. Peter Campbell, MD, MPH; and R.V. Paul Chan, MD, on the potential advantages of telemedicine for ROP screening in developing nations

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2 "Observation is the standard initial management in patients with acute CSC, but there are instances when treatment may be desirable."
— José A. Roca, MD; and Natalia Alpízar-Alvarez, MD, on the management of central serous chorioretinopathy

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3 "When there is oil underfill, the inferior retina is exposed and prone to the development of PVR and/or recurrent detachments due to insufficient tamponade."
— Ariel Tyring, MD; Steven S. Saraf, MD; and Lisa C. Olmos de Koo, MD, on the nuances of working with silicone oil

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4 "Misuse of modifiers is listed by payers as one of the top five reasons for claim denial; often no modifier is appended when one is needed, or the wrong modifier is chosen."
— Sue Vicchilli, COT, OCS, OCSR, on using modifiers -58, -78, and -79 appropriately

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