Our training and experience prepared us to deal with retinal dystrophies, retinal tears, and retinal detachments, as well as trauma and a wide variety of retinal diseases in adult patients. However, identifying and treating these conditions in infants and children often requires a much different approach and tool set. Further, we also may encounter and manage pathologies specific to these pint-sized patients—pathologies such as persistent fetal vasculature, familial exudative vitreoretinopathy, and retinopathy of prematurity (ROP).

Children born prematurely are more likely than those born at full term to develop issues that affect their entire body, including their eyes. After a decrease in preterm birth rates from 2007 to 2014, more recent data indicate a slight increase in that rate from 2014 to 2015. In 2015, one of every 10 infants born in the United States was preterm. The eyes of premature babies are more susceptible to problems after birth and throughout the child’s life, and, as we know, low gestational age, combined with low birth weight and prolonged oxygen use, are risk factors for the development of ROP.

Early detection of and intervention for pediatric ocular pathology is crucial. The American Association for Pediatric Ophthalmology and Strabismus offers specific screening recommendations for newborns and children age 5 and older, yet few states specify vision screening protocols, and screening methods vary widely from state to state. In fact, seven states have no state policy at all, and only six states require vision screening specifically for preschool-age children. By that age, the point at which treatment could potentially restore anatomy or return function has likely passed.

We agree with Whitney Houston: the children are our future. And it is our job to help them see better so that they can lead the way. Thus, we present to you the pediatric issue of Retina Today, featuring four articles to help you stay on top of some of the latest conversations in pediatric retina.

Casting a wide net to start, Rui-ik Chee, MD; Yoshihiro Yonekawa, MD; and R.V. Paul Chan, MD, FACS, offer practical tips for working with this delicate patient population in “Mastering the Art of Pediatric Retina Examinations” on page 45. Zeroing in a bit, Darius M. Moshfeghi, MD, discusses the role of telemedicine and the push for universal eye screening in newborns (“A New Frontier in Pediatric Retina,” page 52).

Next, Audina M. Berrocal, MD, and Linda A. Cernichiaro-Espinosa, MD, take on the special considerations in pediatric eye surgery in “Future Trends in Pediatric Vitrectomy” on page 55. To offer some balance with a medical topic, we get a Chilean perspective on treating ROP with anti-VEGF therapy from Paola Dorta S., MD, MHA, and Andrés Kychenthal B., MD (page 60).

You do not have to be considered a pediatric retina specialist to handle pediatric retina cases, so it is best to be prepared for anything—especially given that some pediatric retina anomalies can affect patients into adulthood. Remember: you are protecting the eyes of the future.