PEDIATRIA ON LINE

Dott. Roberto Caputo
Dir. Oftalmologia Pediatrica
AOU Meyer Firenze

25 ANNI

IN EFFETTI QUALCOSA È CAMBIATO

CAPITOLO 1
L’AGGIORNAMENTO

L’AGGIORNAMENTO

CHI FACEVA I CORSI DI SPECIALISTICA 25 ANNI FA?

CONOSCETE QUESTI INDIVIDUI?

INTANTO QUELLO CHE E' VERAMENTE CAMBIATO E' L'APPROCCIO ALLE SPECIALISTICHE

CAPITOLO 2
RED REFLEX

IL RIFLESSO ROSSO 25 ANNI FA

COME ERA LA «LEGISLAZIONE»?

IN QUANTI PUNTI NASCITA VENIVA ESEGUITO?

QUANTI DI VOI LO FACEVANO CON REGOLARITA'?

E SOPRATTUTTO: **COME VENIVA ESEGUITO?**

COSA E' CAMBIATO?

del 30 maggio 2005 n.596 e recita: "Le ASL della Toscana provvedono affinché per ogni nato si effettuino esami rivolti alla individuazione della cataratta congenita e in particolare la ricerca del riflesso rosso in midriasi mediante le tecniche raccomandate dalle Società Scientifiche Nazionali e Internazionali".[8] In seguito il test – come ricordato nella prima parte – è entrato nel Piano Nazionale di Prevenzione 2014-18. Oggi la prevenzione neonatale è prevista nei nuovi LEA.

LA «LEGISLAZIONE»?

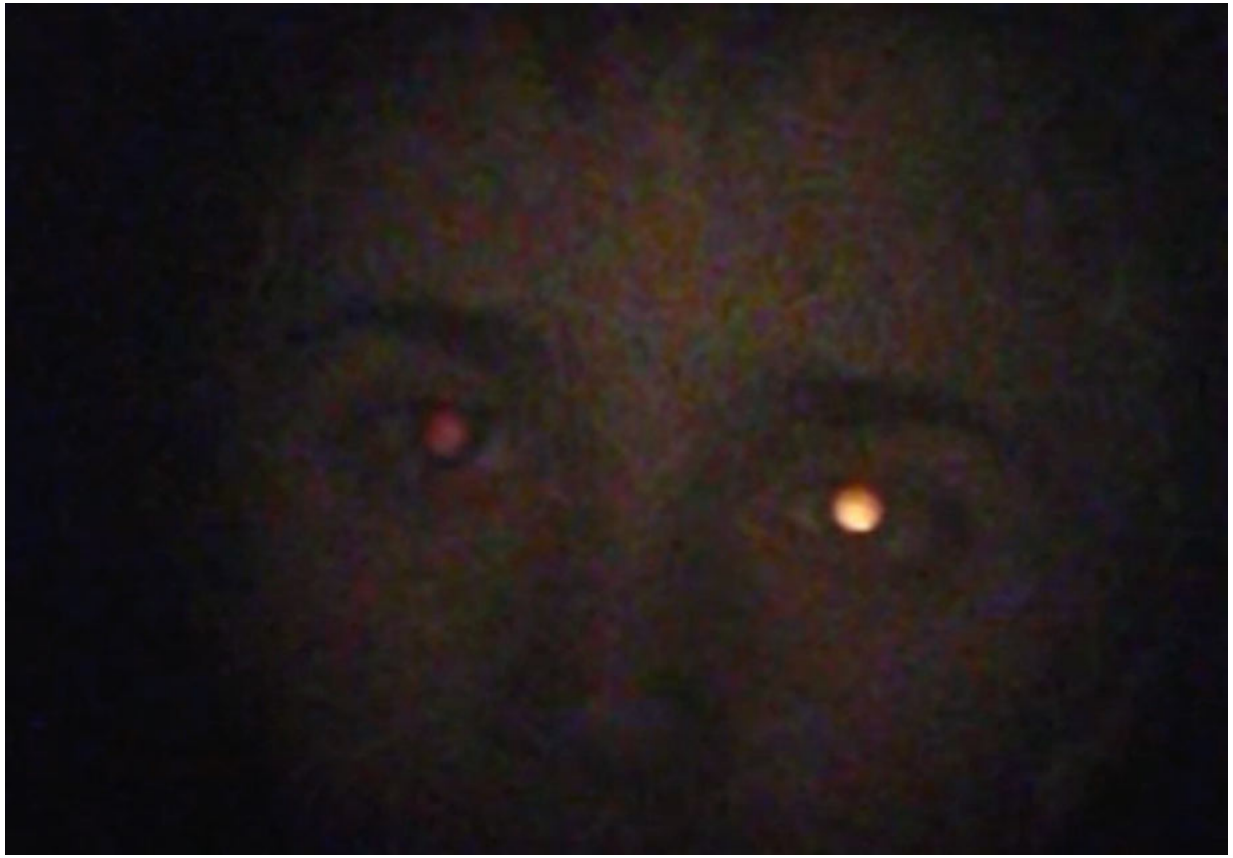
IN QUANTI PUNTI NASCITA VENIVA ESEGUITO?

IL RIFLESSO ROSSO OGGI

E SOPRATTUTTO: **COME SI ESEGUE?**

IL RIFLESSO ROSSO OGGI

PERCHE’ ENTRAMBI GLI OCCHI?



IL RIFLESSO ROSSO OGGI

PERCHÉ LA MIDRIASI?

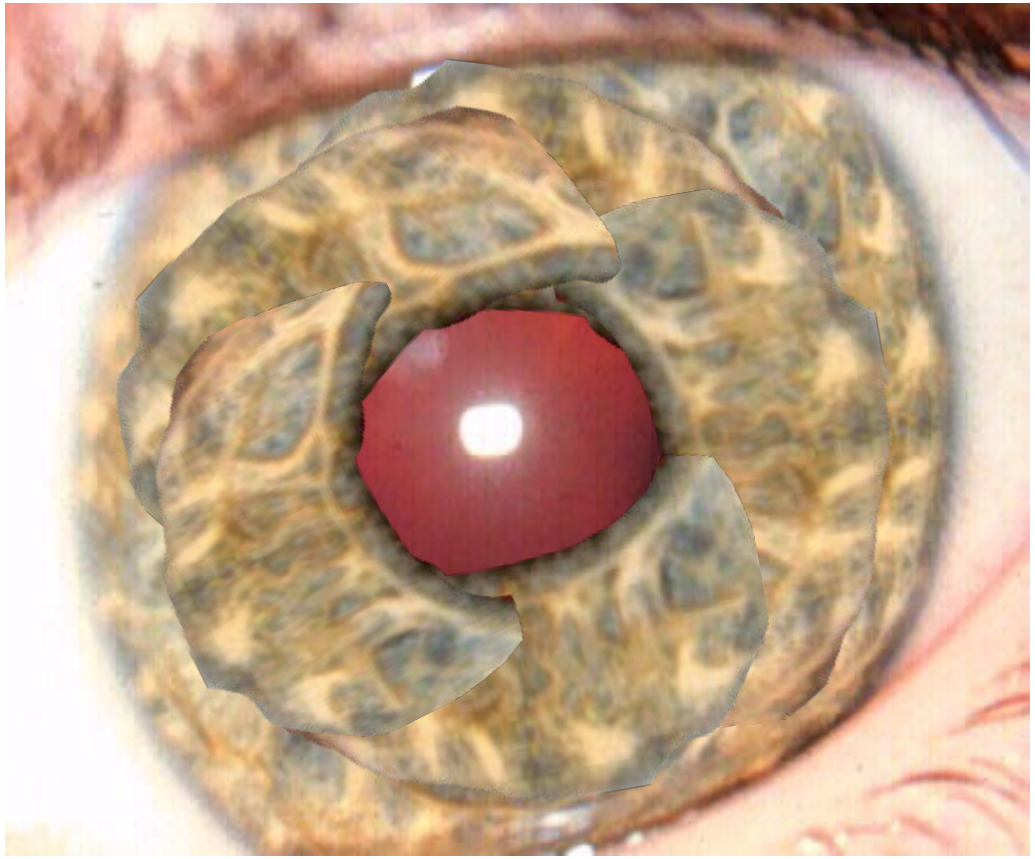
È PIÙ FACILE

È PIÙ VELOCE

È PIÙ SICURO

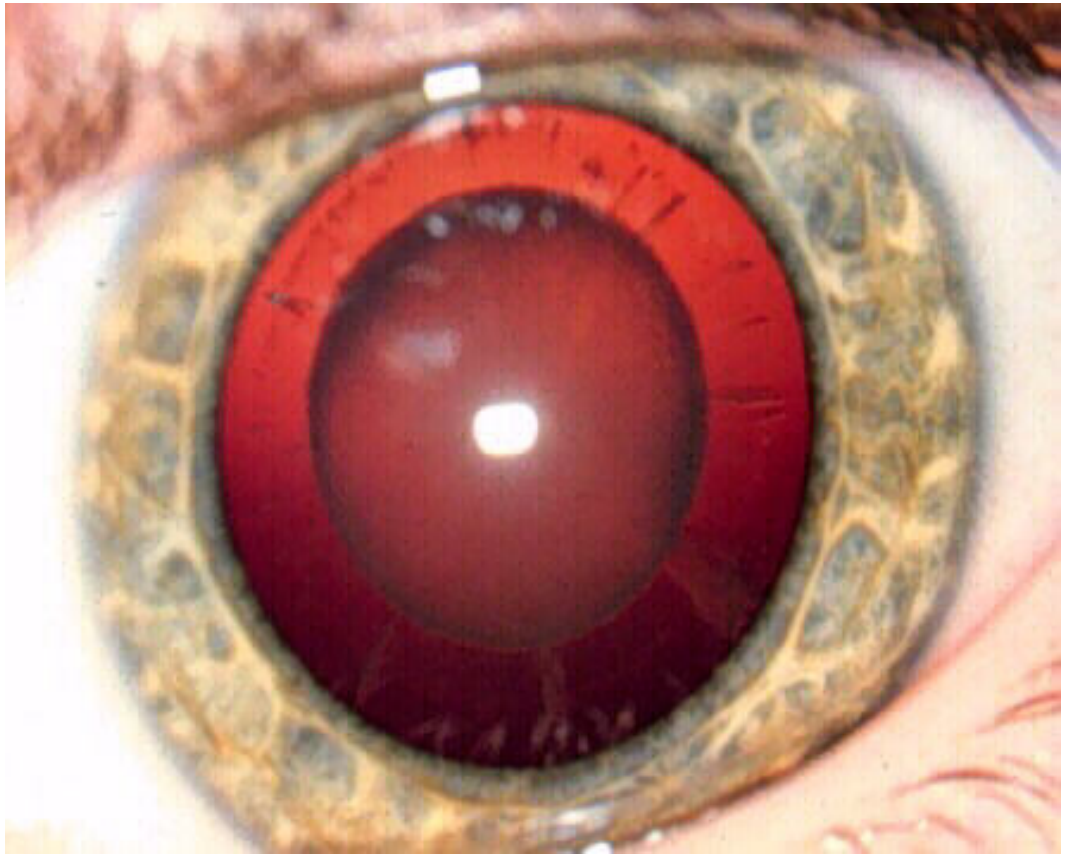
IL RIFLESSO ROSSO OGGI

PERCHÉ LA MIDRIASI?



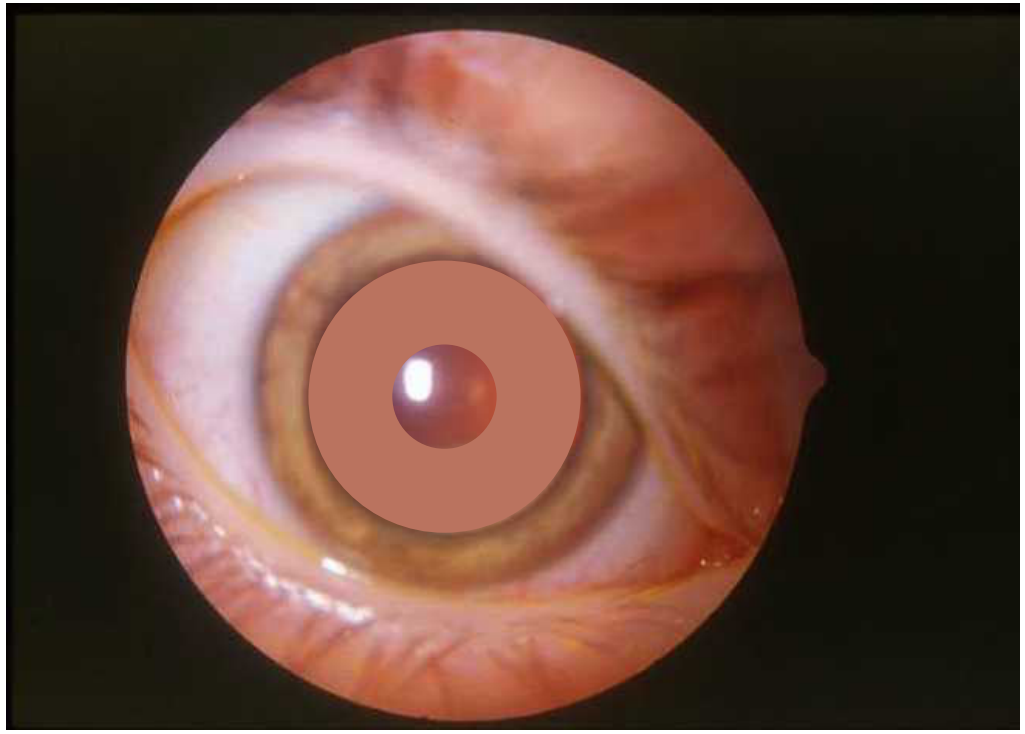
IL RIFLESSO ROSSO OGGI

PERCHÉ LA MIDRIASI?



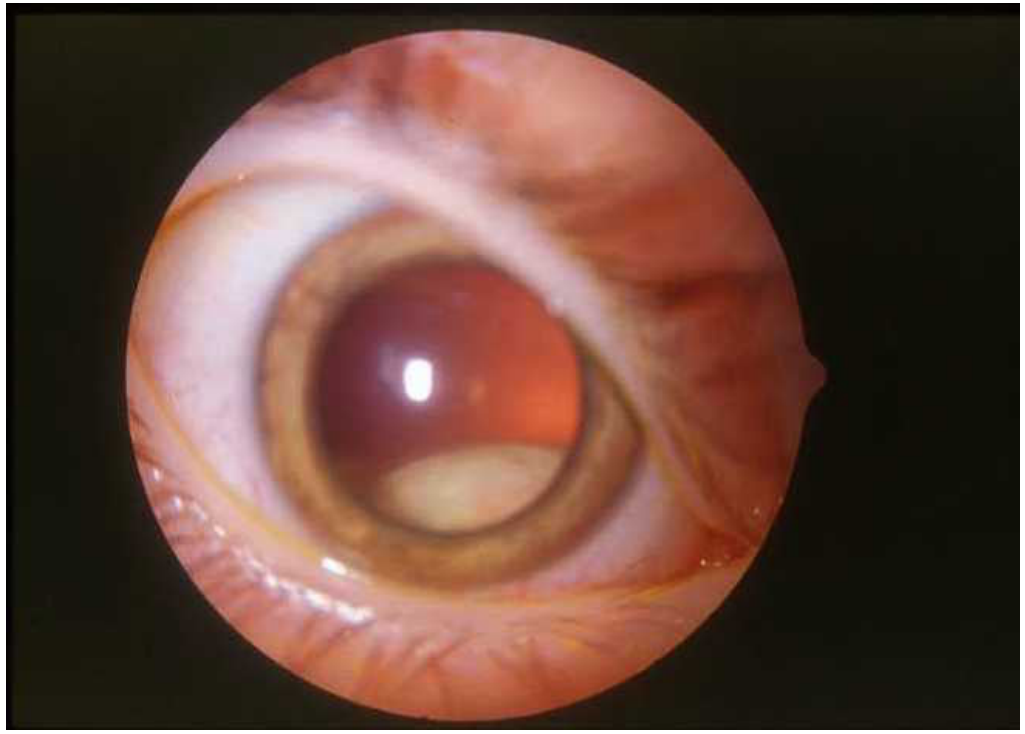
IL RIFLESSO ROSSO OGGI

PERCHÉ LA MIDRIASI?



IL RIFLESSO ROSSO OGGI

PERCHÉ LA MIDRIASI?



CAPITOLO 3
STRABISMO
IL TIMING

LO STRABISMO: IMPORTANZA DEL TIMING

CAUSE

CONSEGUENZE

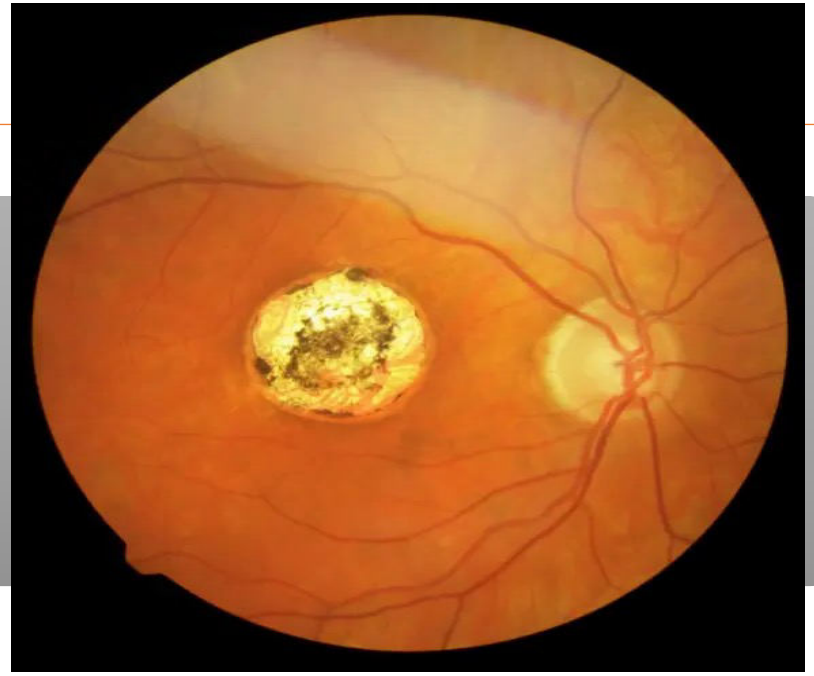
LO STRABISMO: IMPORTANZA DEL TIMING

CAUSE

RETINOBLASTOMA

LO STRABISMO: IMPORTANZA DEL TIMING

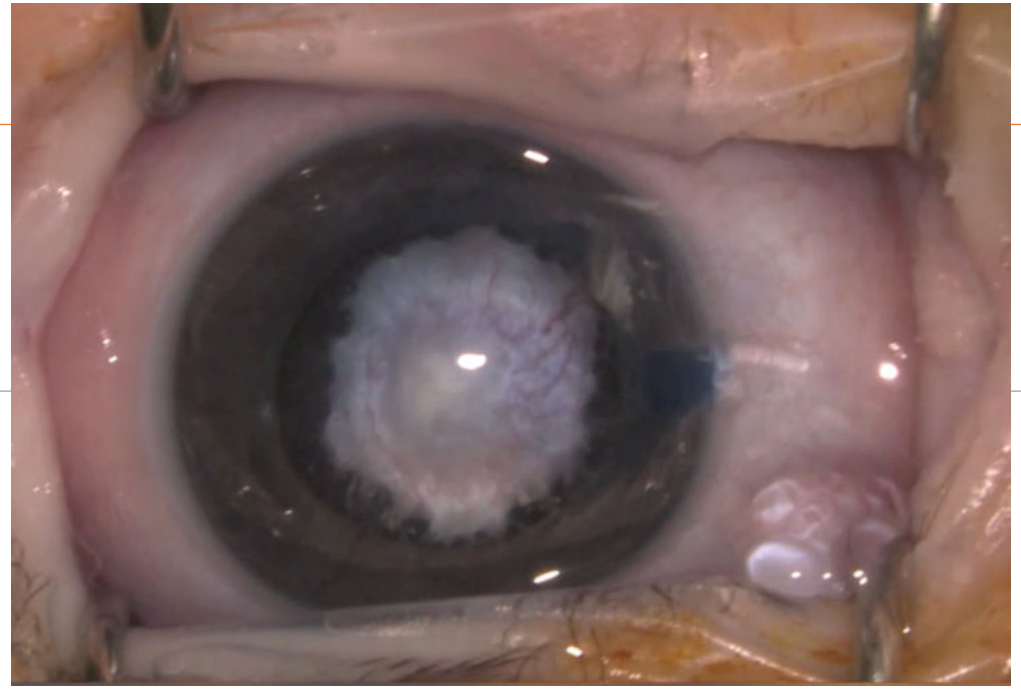
CAUSE



TOXOPLASMOSI

LO STRABISMO: IMPORTANZA DEL TIMING

CAUSE



CATARATTA

LO STRABISMO: IMPORTANZA DEL TIMING

CONSEGUENZE

LO STRABISMO: IMPORTANZA DEL TIMING

CONSEGUENZE

LO STRABISMO: IMPORTANZA DEL TIMING

CAUSE

CONSEGUENZE

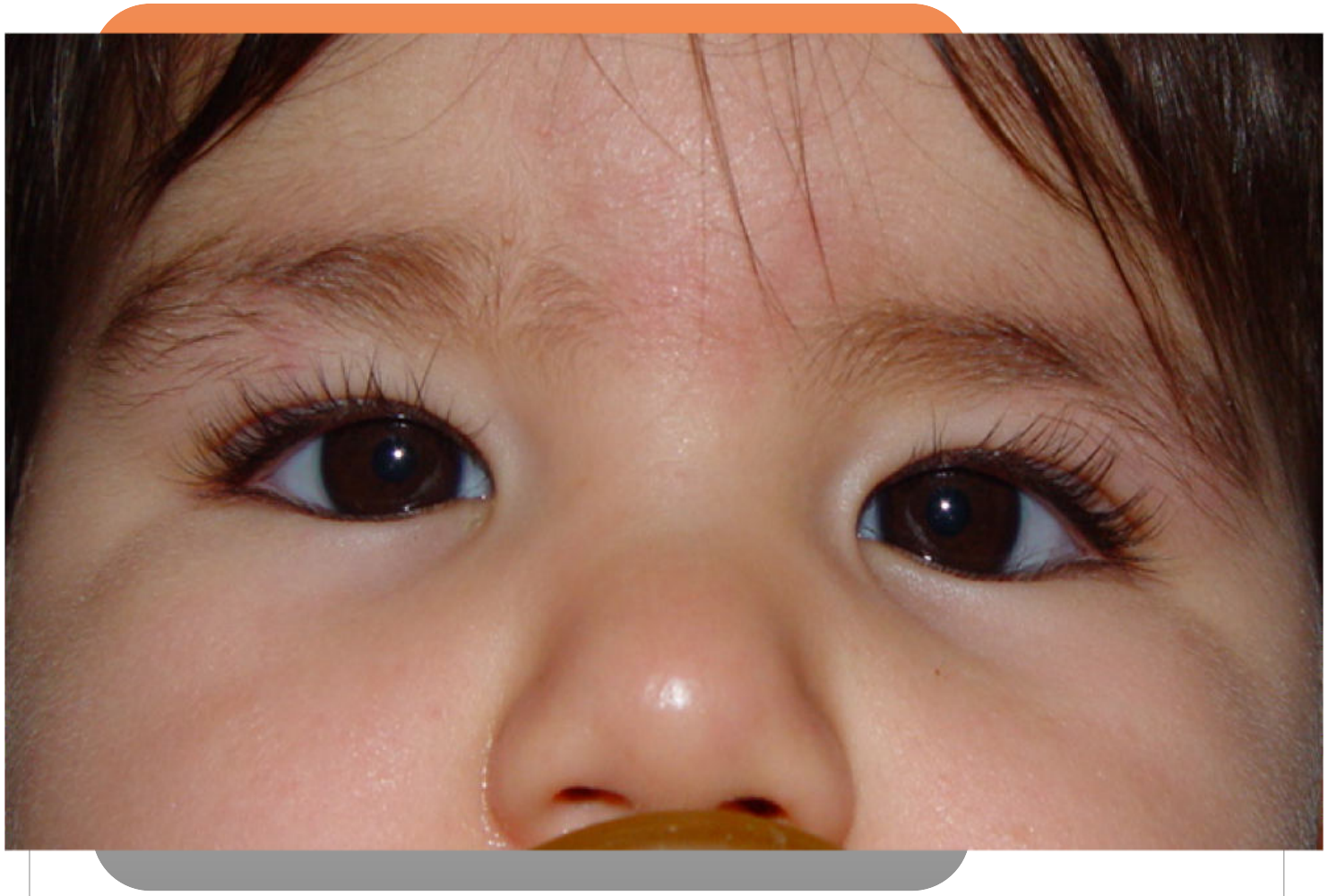
QUINDI?

LO STRABISMO: IMPORTANZA DEL TIMING

IL PRIMA

POSSIBILE

LO STRABISMO: IMPORTANZA DEL TIMING



EPICANTO

LO STRABISMO: IMPORTANZA DEL TIMING

IL PRIMA

CHIRURGIA

BILE

Final report of the early vs. late infantile strabismus surgery study (ELISSS), a controlled, prospective, multicenter study

LO STRABISMO: IMPORTANZA DEL TIMING

CHIRURGIA PRECOCE (<1A)

+ INTERVENTI

MIGLIOR BINOCULARITÀ

CHIRURGIA TARDIVA (2-3AA)

- INTERVENTI

PEGGIOR BINOCULARITÀ

CAPITOLO 4
LA MIOPIA

LA MIOPIA: COSA È CAMBIATO?

EPIDEMIA DI MIOPIA NEL MONDO

5 miliardi

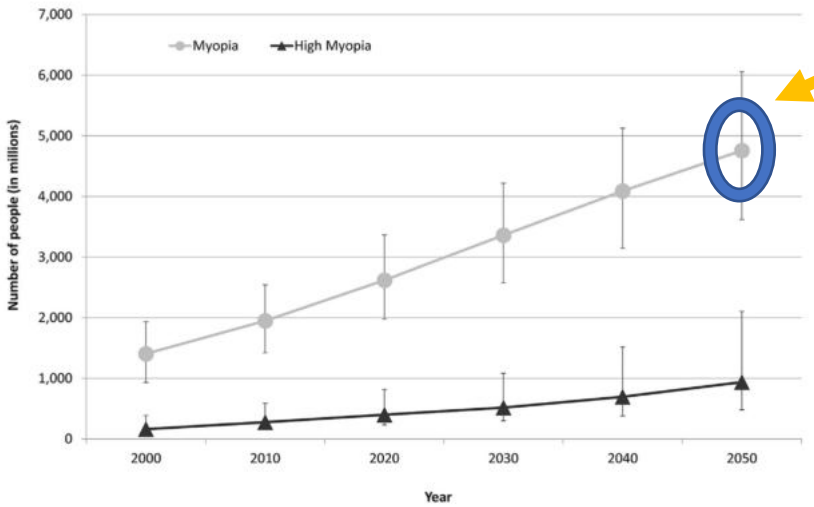


Figure 2. Graph showing the number of people estimated to have myopia and high myopia for each decade from 2000 through 2050. Error bars represent the 95% confidence intervals.

AMERICAN ACADEMY™ OF OPHTHALMOLOGY

CrossMark

Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050

EPIDEMIA DI MIOPIA NEL MONDO

PERCHÉ?

EPIDEMIA DI MIOPIA NEL MONDO

EPIDEMIA DI MIOPIA NEL MONDO

EPIDEMIA DI MIOPIA NEL MONDO

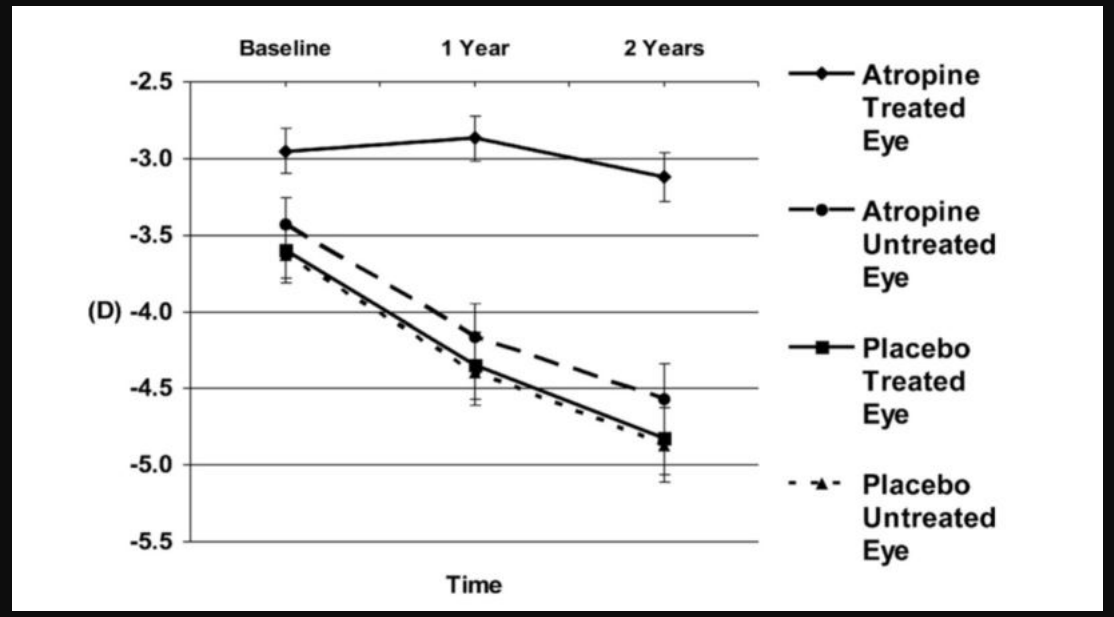
POSSIAMO FARE QUALCOSA?

Atropine for the Treatment of Childhood Myopia

Wei-Han Chua, FRCSEd(Ophth), FAMS,[1,2] Vivian Balakrishnan, FRCS(Ed), FRCOphth,[1]

Ophthalmology Volume 113, Number 12, December 2006

RALLENTARE LA MIOPIA



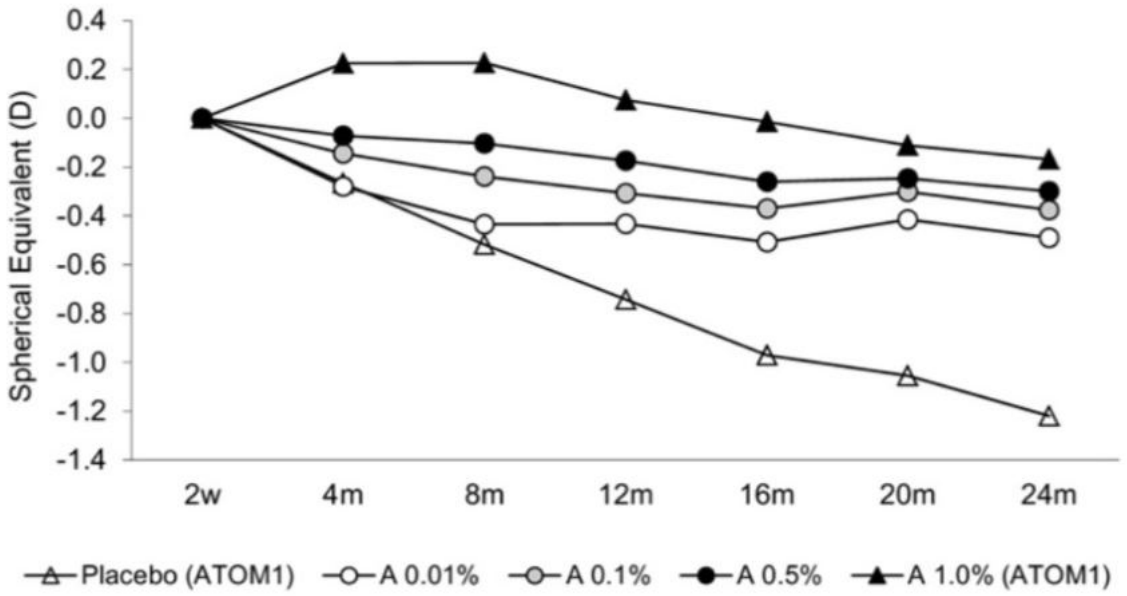
1. ATROPINA 1%
2. PLACEBO

RALLENTARE LA MIOPIA

Atropine for the Treatment of Childhood Myopia: Safety and Efficacy of 0.5%, 0.1%, and 0.01% Doses (Atropine for the Treatment of Myopia 2)

Ophthalmology *Volume 119, Number 2, February 2012*

1. ATROPINA 0.5%
2. ATROPINA 0.1%
3. ATROPINA 0.01%



Atropine for the Treatment of Childhood Myopia: Changes after Stopping Atropine 0.01%, 0.1% and 0.5%

AUDREY CHIA, WEI-HAN CHUA, LI WEN, ALLAN FONG, YAR YEN GOON, AND DONALD TAN

AM J OPHTH 2014

RALLENTARE LA MIOPIA

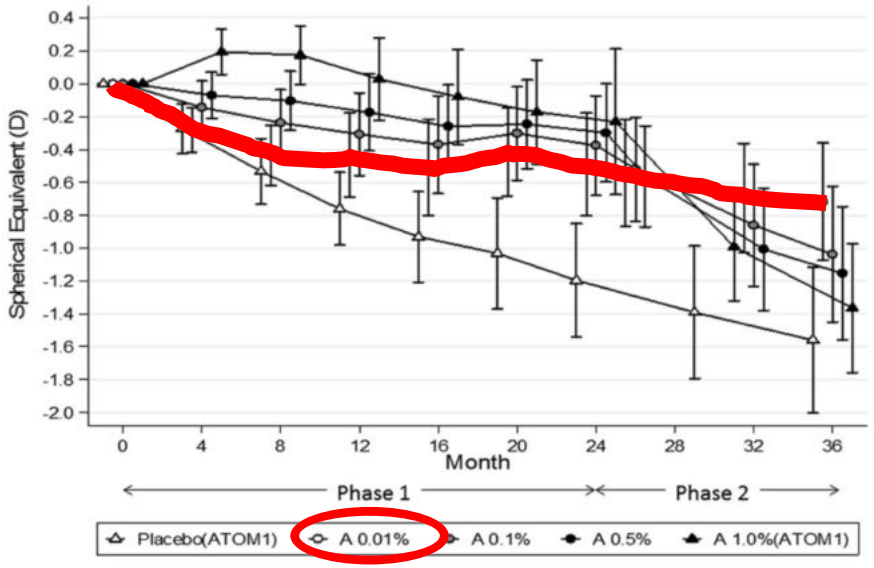


FIGURE 2. Change in spherical equivalent in the Atropine for the Treatment of Childhood Myopia study 1 (ATOM1) eyes that received 1.0% atropine and placebo, and Atropine for the Treatment of Childhood Myopia study 2 (ATOM2) eyes that received 0.5%, 0.1% and 0.01% atropine. Error bars indicate standard deviation (SD).

1. ATROPINA 0.5%
2. ATROPINA 0.1%
3. ATROPINA 0.01%

AMERICAN ACADEMY™ OF OPHTHALMOLOGY

CrossMark

Five-Year Clinical Trial on Atropine for the Treatment of Myopia 2

Myopia Control with Atropine 0.01% Eyedrops

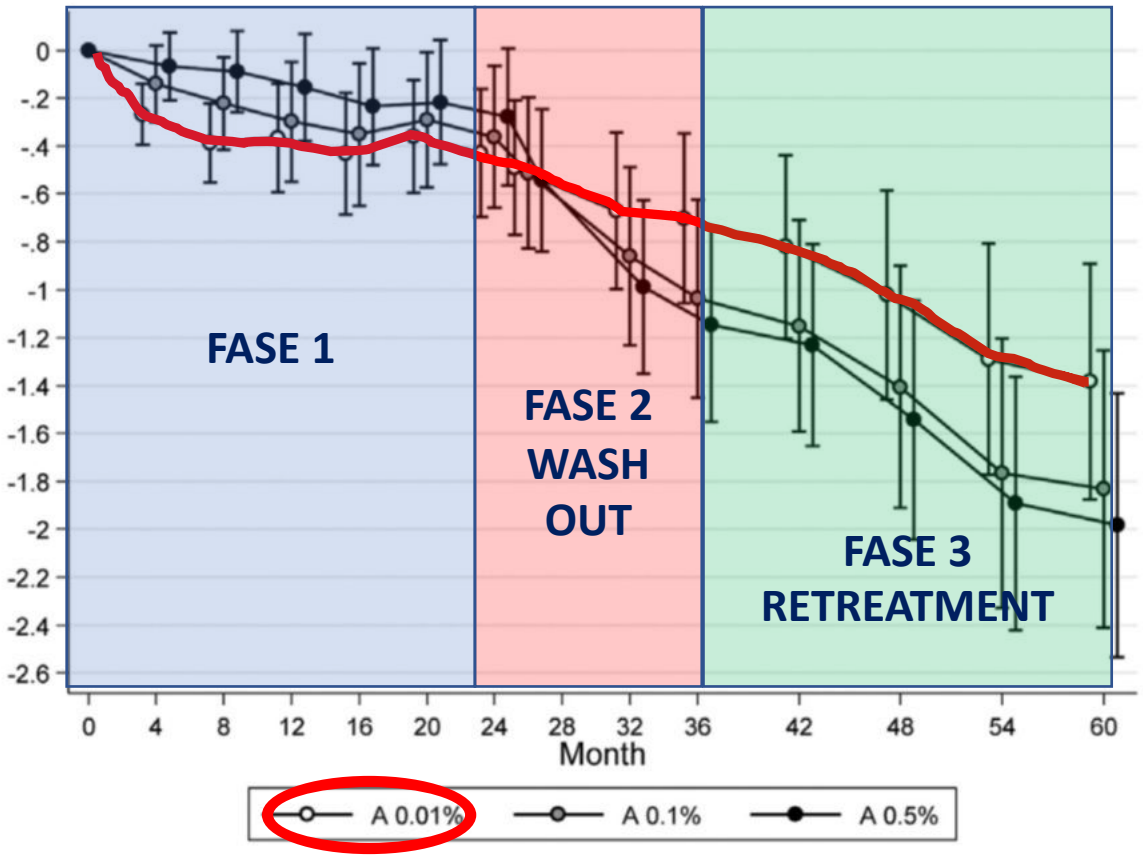
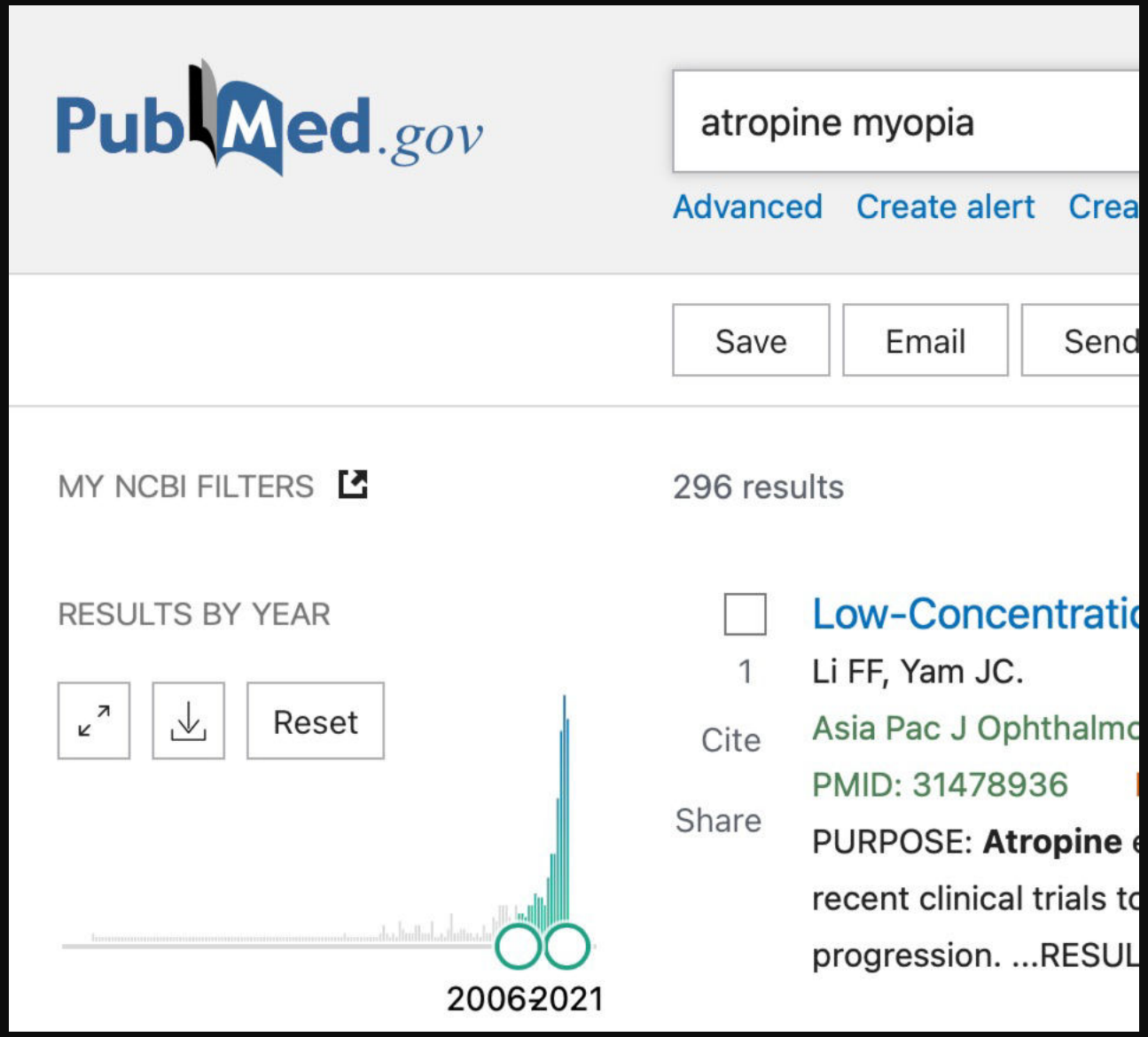


Figure 3. Mean change in spherical equivalent over time within different treatment groups (atropine 0.01%, 0.1%, and 0.5%). Error bars represent 1 standard deviation.

RALLENTARE LA MIOPIA



RALLENTARE LA MIOPIA

iovs investigative ophthalmology & visual science
an ARVO journal
Leading clinical and laboratory ophthalmology and vision research
ARVO

Invest Ophthalmol Vis Sci. 2020 May; 61(5): 53.
Published online 2020 May 27. doi: 10.1167/iovs.61.5.53
PMCID: PMC7405698
PMID: 32460315

Defocus Incorporated Multiple Segments Spectacle Lenses Changed the Relative Peripheral Refraction: A 2-Year Randomized Clinical Trial

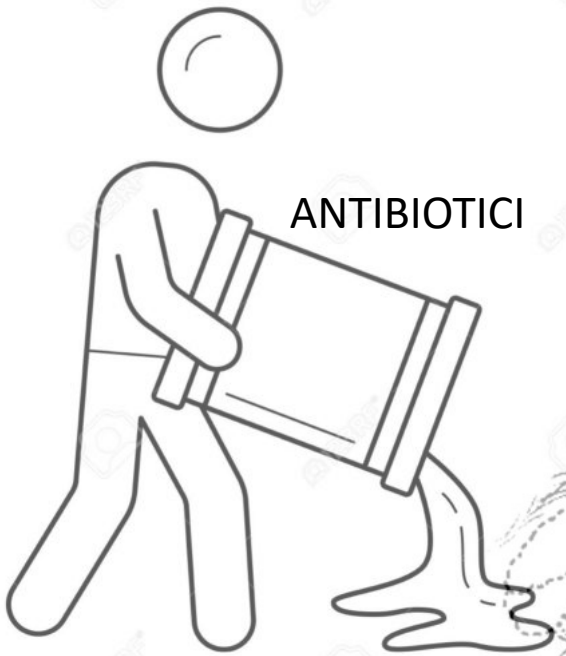
RALLENTARE LA MIOPIA

Conclusions

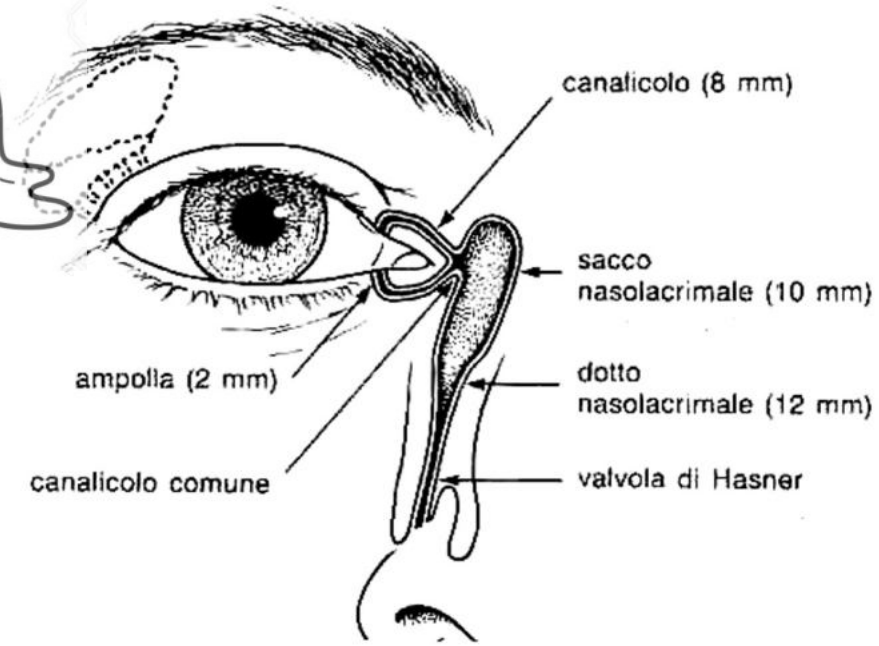
Wearing DIMS lenses resulted in a significantly different peripheral refraction profile and RPR changes, as well as significant myopia control effects when compared with SV lenses. Myopia control adopting myopic defocus in the midperiphery influenced peripheral refraction and slowed central myopia progression, most likely through alteration of overall retinal shape.

CAPITOLO 5
LA STENOSI DELLE VIE LACRIMALI

LA STENOSI DELLE VIE LACRIMALI



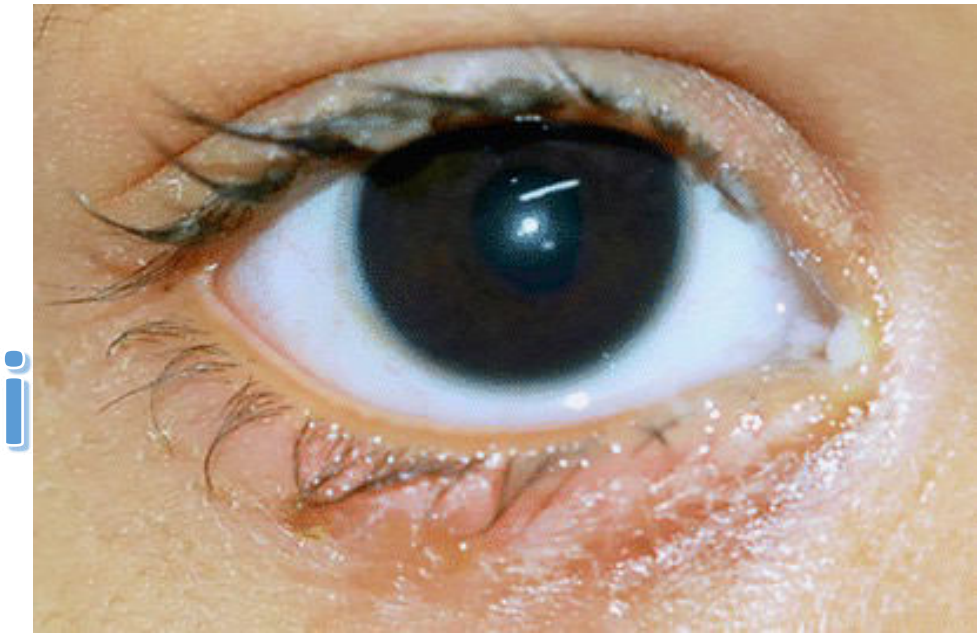
ANTIBIOTICI



LA STENOSI DELLE VIE LACRIMALI

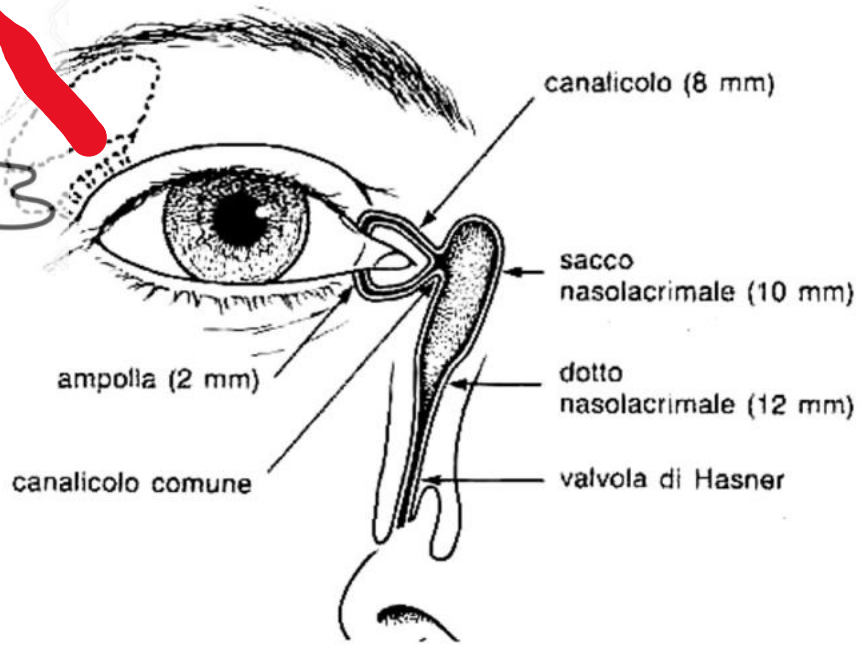
congiuntivite

Stenosi vie lacrimali



LA STENOSI DELLE VIE LACRIMALI

Spremitura pulizia

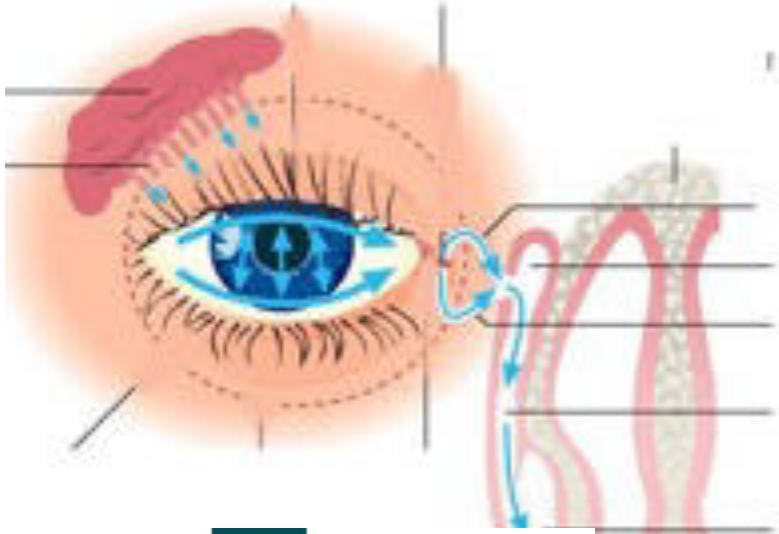


Sondaggio 10-18 mesi

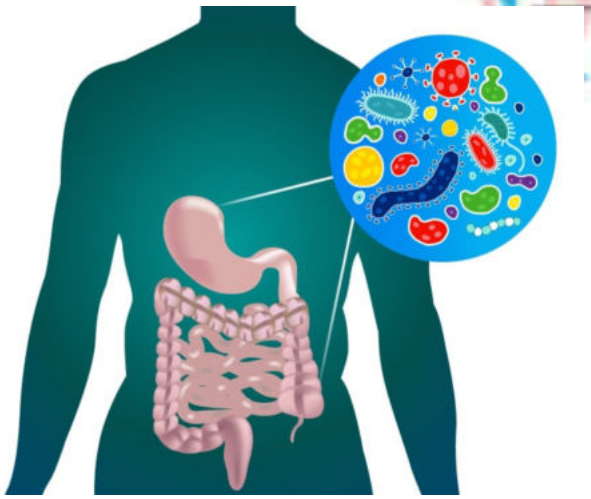
CAPITOLO 6
IL MICROBIOTA
E L’OCCHIO

DI QUALE MICROBIOTA PARLIAMO?

MICROBIOTA OCULARE E PERIOCULARE



MICROBIOTA INTESTINALE

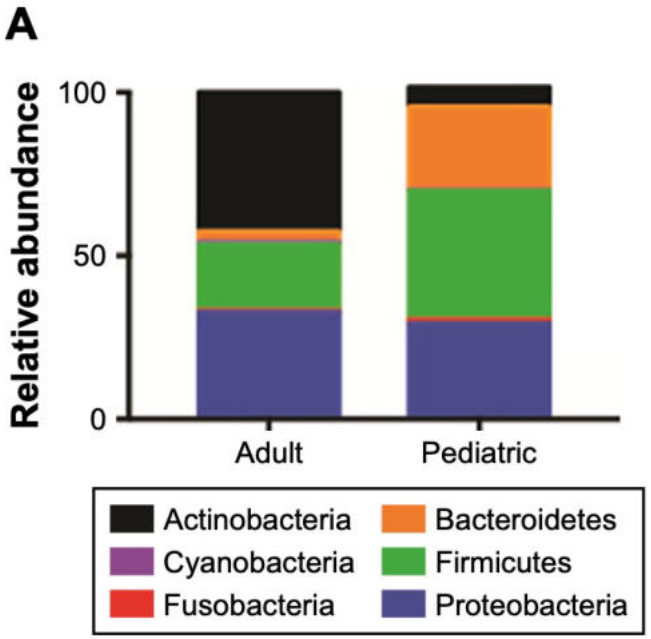


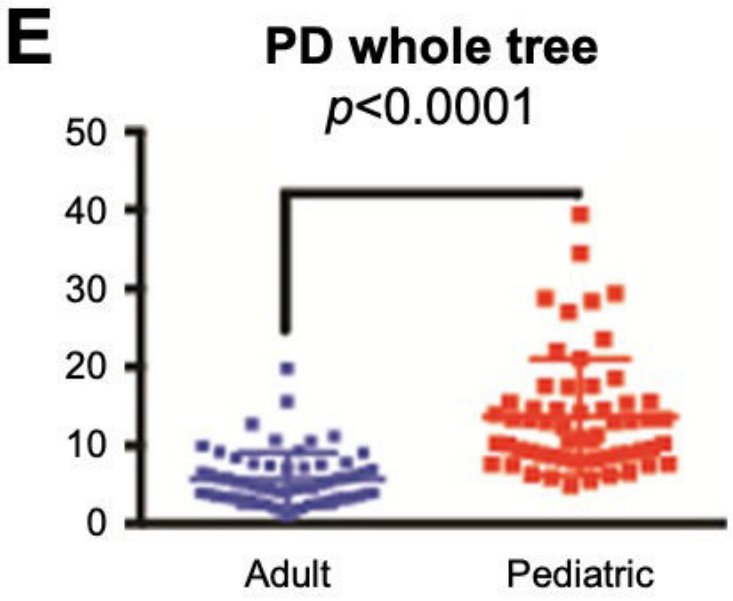
MICROBIOTA OCULARE: BAMBINO VS ADULTO

Clinical Ophthalmology
Dovepress
open access to scientific and medical research
Open Access Full Text Article
ORIGINAL RESEARCH

Effect of clinical parameters on the ocular surface microbiome in children and adults

Cavuoto KM et al. 2018





Differente come composizione e maggior ricchezza nel bambino

MICROBIOTA OCULARE PEDIATRICO

ALIMENTAZIONE

VARIAZIONE DEL MICROBIOTA OCULARE

TRATTAMENTI ANTIBIOTICI

IGIENE OCULARE

I TRATTAMENTI ANTIBIOTICI: MA SONO FREQUENTI??

QUANTE CONGIUNTIVITI VENGONO TRATTATE CON ANTIBIOTICO?

MA GLI ANTIBIOTICI?

Joanna Jefferis, Rafael Perera, Hazel Everitt, Henk van Weert, Remco Rietveld, Paul Glasziou and Peter Rose

Acute infective conjunctivitis in primary care: who needs antibiotics?

An individual patient data meta-analysis

British Journal of General Practice, September 2011

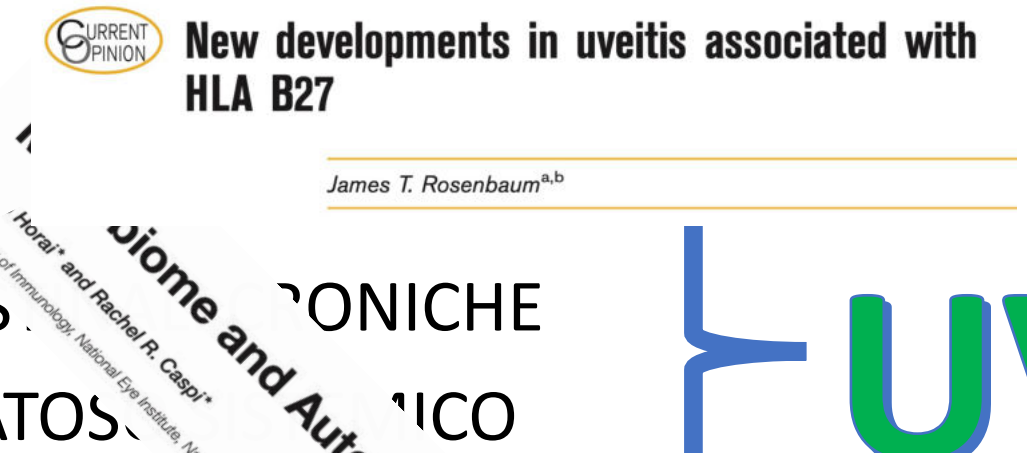
Implications for practice

This individual patient data meta-analysis demonstrates that topical antibiotics are of limited benefit in acute infective conjunctivitis and most patients will get better without them. There is a limited set of patients who may benefit from antibiotics, including patients with purulent discharge and patients with mild severity of red eye.

DISBIOSI INTESTINALE E AUTOIMMUNITA'

PATOLOGIE IN ETA' PEDIATRICA

1.
   INTES RONICHE
   PUS ERITEMATOS ICO
5. SPONDII



UVEITI

MA LE BLEFARITI?

- **Microbiota oculare**
  - Influenza diretta
- **Microbiota intestinale**
  - Alterazioni della digestione di alimenti
  - Alterazione della risposta immunologica
- **LE TETRACICLINE?**
  - Effetto indiretto antinfiammatorio?
  - Effetto diretto antibiotico sul microbiota intestinale?
    - Funzionano meglio sistemiche che locali

Intestinal microbiome: a new target for chalaziosis treatment in children?

European Journal of Pediatrics (2021) 180:1293–1298
https://doi.org/10.1007/s00431-020-03880-5

ORIGINAL ARTICLE

Mariaelena Filippelli[1] · Roberto dell'Omo[1] · Angela Amoruso[2] · Ilaria Paiano[1] · Marco Pane[2] · Pasquale Napolitano[1] · Silvia Bartollino[1] · Ciro Costagliola[1]

Doppio cieco

20gg

GRUPPO A
Pulizia palpebrale
Desametazone/
tobramicina

GRUPPO B
Pulizia palpebrale
Desametazone/
Tobramicina
Probiotici (3m)

European Journal of Pediatrics (2021) 180:1293–1298
https://doi.org/10.1007/s00431-020-03880-5

ORIGINAL ARTICLE

Intestinal microbiome: a new target for chalaziosis treatment in children?

Mariaelena Filippelli[1] · Roberto dell'Omo[1] · Angela Amoruso[2] · Ilaria Paiano[1] · Marco Pane[2] · Pasquale Napolitano[1] · Silvia Bartollino[1] · Ciro Costagliola[1]

Characteristics	Group A ($n = 13$)	Group B ($n = 13$)	p
Median age (years)	8.0 (6.0 to 9.0)	9.0 (6.0 to 10.0)	0.066
Median and interquartile range			
Sex (M/F)	4/9 (44%)	5/8 (62%)	0.21
Laterality (unilateral/bilateral)	5/8 (62%)	4/9(44%)	0.84
Mean chalazion size (mm)	1.9 ± 0.3	1.7 ± 0.4	0.92
Mean ± SD			
Time of resolution (days)	54 ([illegible]7 to 63)	28 ([illegible]1 to 39)	< 0.0001*
Median and interquartile range			
Recurrence	0	0	–

*Statistically significant (Mann-Whitney test)

AL VIA LE DOMANDE