
Preface

In my second year of residency at the Massachusetts Eye and Ear Infirmary in Boston, I found myself torn between the subspecialties of pediatric ophthalmology and cornea. I sought consultation with Dr. Claes Dohlman to help make my decision. Corneal specialists will need no introduction to Dr. Dohlman, whom many credit as the founder of the subspecialty of cornea. His tireless work on his beloved Boston keratoprosthesis has created a device that has restored vision to thousands of corneal-blind patients for whom a standard corneal transplant will not succeed. Claes started the first formal corneal fellowship approximately 50 years ago, served as chair of the Harvard Department of Ophthalmology for 15 years, and trained generations of corneal specialists, including scores of department chairs. And, on top of all that, he continues to innovate at the tender age of 94. He is a true legend in our field and a role model for all of us.

Claes listened attentively as I extolled what I perceived to be the benefits of pediatric ophthalmology. When I finally stopped talking, he said, in his characteristic Swedish accent, “Yes, yes, that is all very true, but your patients... they are children.” Therein lies the first challenge in pediatric cornea, and of course, one of its greatest joys. One must fundamentally enjoy working with children (and their parents) in spite of the challenges if one is to be successful in a subspecialty within pediatric ophthalmology. Certainly children can be cranky and uncooperative, but they also have a *joie de vivre* that is refreshing and inspiring. In the end, I chose cornea, but I never forgot my love of pediatric ophthalmology. After about a decade as a busy corneal surgeon at Mass Eye and Ear, I approached Dr. David Hunter, the chief of ophthalmology at the Boston Children’s Hospital, about setting up a pediatric cornea service there. Thus, I was finally able to combine my two loves! When I left Boston to take the chairmanship at the University of Chicago, the farewells with my pediatric patients were some of the hardest for me.

This volume will cover most of the major corneal diseases that affect children—infectious, allergic, congenital, ocular surface, and ectatic. The introductory chapter presents a general approach to children with corneal disease, as well as a differential diagnosis for children with red eyes. Diagnostic tools, including imaging modalities, and therapeutic modalities, including contact lenses, are also featured. A chapter on pediatric corneal surgery is a highlight. Finally, the critically important topic of amblyopia management is covered by my esteemed pediatric ophthalmology colleague,

Dr. Melanie Kazlas. I am grateful to all those who contributed to this effort, many of whom are rising stars in the field of pediatric cornea. It is my hope that this volume will improve the corneal care of our youngest patients and perhaps inspire some of the next generation to take an interest in this important ophthalmic discipline.

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