

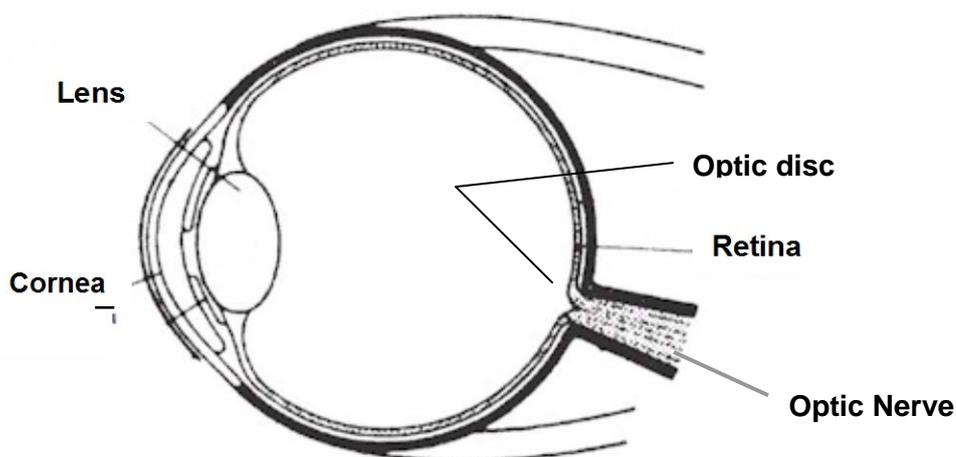
PETER'S ANOMALY

What we see is in fact made in the brain. The brain makes sight from signals given to it by the eyes.

What is the normal structure of the eye?

The eye is made of three parts.

- A light focusing part at the front (cornea and lens).
- A light sensitive film at the back of the eye (retina).
- A large collection of communication wires to the brain (optic nerve).



What is Peter's Anomaly?

Peter's Anomaly is an eye condition that is present from birth, in which the central part of the cornea is hazy. This may affect one or both eyes. Most cases of Peter's Anomaly happen by chance, but sometimes it runs in families. This condition may be seen on its own or with other associated eye conditions, such as

- Cataract
- Glaucoma
- Microphthalmus (small eyes)
- Microcornea (small front part of eye)
- Coloboma
- Nystagmus ("wobbly" eyes)
- Retinal Detachment

How does this affect the way my child sees?

Vision

The extent to which vision is affected will depend on the amount of haziness in the cornea and its position over the line of sight. The effect on vision will be more complex if other visual conditions are present. (See leaflets for individual eye conditions).

Glare

Glare occurs when light is scattered by the hazy cornea.

What can be done to help?

If both corneas are very hazy a corneal graft operation may be needed. This is a difficult operation and is not always successful, because complications may arise. Your child will need lots of eye drops for many months, and may still need glasses or contact lenses or even low vision devices, such as magnifiers. A hat with a peak and/or tinted glasses may help to reduce glare.

How can parents, family, friends and teachers make a difference?

It is very important that children with Peter's Anomaly attend all of their eye appointments, and follow the treatment with drops, as explained by the eye doctor. Make sure your child wears their glasses or contact lenses if prescribed. Encourage them to wear a hat or tinted glasses to reduce the glare, and the magnifiers (if prescribed) to help with reading.

If the vision remains poor, it may be helpful to

- Create a safe environment for your child. Make as few changes as possible so that your child becomes familiar with it.
- Learn “**sighted guide**” techniques to help your child move safely.
- Make use of specialist equipment to improve your child's independence.

Useful contacts.

Action for Blind

Tel: 0121 665 4200

RNIB

Tel: 0303 123 9999

Birmingham Focus

Tel: 0121 478 5252

LOOK (for families with visually impaired children)

Tel: 0121 428 5038

This information is intended to describe most aspects of the condition but each child is different and there will always be exceptions.

Acknowledgements

This leaflet was compiled by a multidisciplinary team from the eye departments at Birmingham Children's Hospital and Birmingham Heartlands Hospital, Birmingham Focus and Birmingham Sensory Support.

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