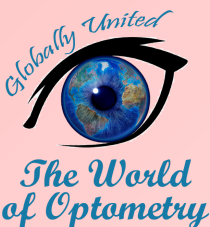


# TWOP Discussion

## CONTACT LENSES AND CHILDREN

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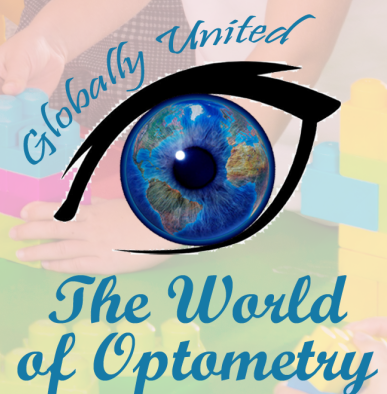


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# INTRODUCTION

**For a child**, the use of contact lenses means greater freedom in play and sports, but the application of specific lenses to control myopic progression can also mean becoming less myopic when grown up.

**In these cases**, the application should be started as soon as possible, to get the best result. It is therefore worth asking whether there are compelling reasons for delaying these interventions, due to an increased risk of adverse events.



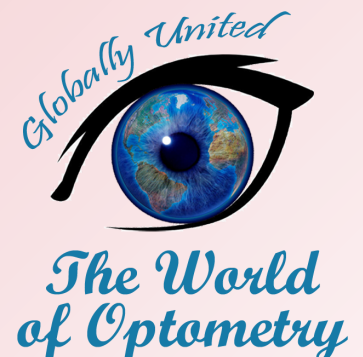
# RESTROSPECTIVE STUDY

**To ascertain** the safety of the use of soft contact lenses in children, a retrospective review of the records of **963 small carriers** was conducted:

**782** patients from seven US optometric clinics and **181** subjects from two international randomized clinical trials.



- The lenses were first applied when children were 8-12 years old with various models, prescriptions and replacement programs, and subjects were followed up to the age of 16. The visit cards with potential adverse events were scanned and reassessed by a panel of experts.

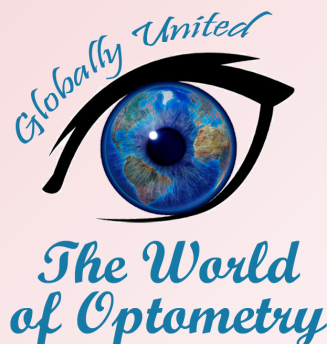


# CONCLUSION

The study analyzed a total of 2,713 years of use and 4,611 follow-up visits. The sample consisted of 46% male and 60% with daily disposable lenses of the cases were fitted.

122 potential adverse ocular events were identified in 118 subjects (12.2%); the rate of non-infectious inflammatory events was 0.66% per year and 0.48% per year for papillary conjunctivitis. Two presumed or probable cases of microbial keratitis have been identified, with a rate of 7.4 per 10,000 years of use

**In conclusion, this study estimated a likelihood of microbial keratitis and other adverse events occurring in children comparable to that of adults using the same type of lenses.**



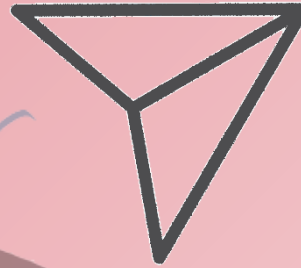
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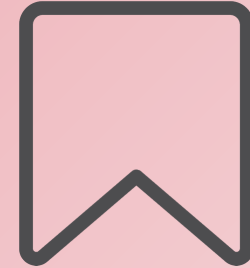
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