Original Research Paper



Ophthalmology

A RETROSPECTIVE STUDY OF OCULAR DISEASES AMONG TRIBAL PATIENTS ATTENDING A TERTIARY CARE CENTRE.

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ABSTRACT AIM: To study the various ocular diseases in tribal patients attending a tertiary care centre and to know the efficacy of outreach camps conducted in tribal areas.

MATERIALS AND METHODS: It is a retrospective study Records of tribal patients who have attended a Tertiary care centre over the past 3 years (Jan 2017 - Dec 2019), by camps and self walk-in were studied. Data was tabulated and analysed.

RESULTS: Out of 596 cases, 75% (includes 52.38% of opd and 91.58% of camp) were diagnosed with cataract, 5.2% Glaucoma, 4.36% Ocular injuries, 3.85% Corneal ulcers, 3.35% uveitis and 9.22% other ocular diseases.

CONCLUSION: Cataract is the most diagnosed disease in camps, while in OPD, besides cataract, other treatable/preventable diseases were being presented with complications at a very late stage. Hence, there is a need for awareness of these common eye diseases among tribal population.

KEYWORDS:

INTRODUCTION

Ocular diseases are one of the major health burdens globally and they are known to adversely affect the quality of life by causing visual impairment. With 8 million blind people and 62 million Visual impairment, India shares almost a quarter of the entire global burden of blindness and visual impairment¹.

The main causes of blindness were cataract (62.6%), refractive errors (19.7%), corneal blindness [0.9%], glaucoma (5.8%), surgical complication (1.2%), posterior capsular opacification (0.9%), posterior segment disorder (4.7%) and other causes $(4.19\%)^2$.

Geographic location, socioeconomic status and accessibility to eye care facilities play an important role in the occurrence of eye diseases. India has a large and diverse tribal population, a category formally recognized by the Indian constitution.

Tribal communities are characterized by their economic underdevelopment, distinct cultural heritage and geographic isolation.³ Differences in the distribution of ophthalmic services and differences in the level of education, lifestyle, and socioeconomic status have different consequences on morbidity for rural and urban populations.

AIM OF THE STUDY

To study the various ocular diseases in tribal patients attending a tertiary care center and to know the efficacy of outreach camps conducted in tribal areas.

MATERIALS AND METHODS

Study Design: Hospital-based retrospective study. **Study Period:** January 2017- December 2019.

Study Setup: Government Regional Eye Hospital, Visakhapatnam.

Records of tribal patients who have attended a Tertiary care centre over the past 3 years (Jan 2017 - Dec 2019), by camps and self walk-in were studied.

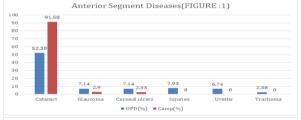
RESULTS

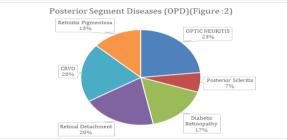
Among 252 self-walk-in cases, ocular pathologies diagnosed were 245(97.2%) adnexal pathologies were 7(2.7%).

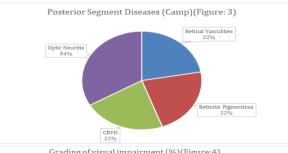
In ocular diseases among self-walk-in patients (245) anterior segment pathologies were 215(87.75%), and posterior segment pathologies were 30(12.24%).

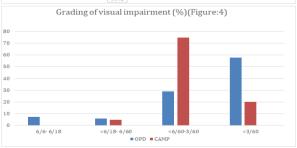
Among 344 outreach camp patients, ocular diseases diagnosed were 342 (99.4%) and adnexal pathologies were 2(0.6%).

In ocular diseases among outreach camp patients, anterior segment pathologies were 333 (97.3%) and posterior segment pathologies were 9(2.7%)









DISCUSSION

In this study, most commonly diagnosed disease is cataract in both self-walk-in and camp patients. Ocular injuries are the second most common among self-walk-in patients. Whereas, among outreach camp patients, glaucoma was the second most common eye disease. Females attended the outreach camp compared to males, whereas males were more among self-walk-in patients.

Patients are presenting to the out patient department with severe visual impairment and blindness, whereas by conducting outreach camps patient with moderate visual impairment were detected and treated.

Also, there is a gradual increase in number of camps conducted annually and increase in number of cataract surgeries done.

Hence, conducting camps forms an integral part of decreasing the visual morbidity.

CONCLUSION

Cataract is the most commonly diagnosed disease in camps, while in OPD, besides cataract, other treatable/preventable diseases like corneal ulcers, glaucoma etc, were being presented with complications at a very late stage. Hence, there is a need for awareness of these common eye diseases among the tribal population, which when diagnosed in early stages would contribute in reducing the disease burden.

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