**NAME: Okorie winnie chidinma**

**MATRIC: 18/MHS02/136**

**DEPT: NURSING**

**COURSE: PHS 212**

**EYE DEFECTS**

➢ **Keratomalacia:** In this condition, there is no corneal ulceration, usually with secondary infection. The lacrimal glands and conjunctiva may be involved. It is caused by chronic vitamin A and protein deficiency in diet. There may even be softening and perforation of the cornea. Night blindness (defective adaptation to dim light) is usually an early sign of deficiency of vitamin A which is required for the regeneration of rhodopsin (visual purple) after it has been exposed to light.

➢ **Cataract:** This is opacity of the lens which may be age-related or congenital, bilateral or unilateral.

**In age-related cataract**, there is gradual development of lens opacity that usually develops during older age as a result of exposure to a variety of predisposing factors including: UV light, X-rays, cigarette smoke, diabetes mellitus, ocular trauma, uveitis, systemic drug therapy, e.g. corticosteroids, chlorpromazine.

**Cogenital cataract** may be due to congenital abnormality, e.g. Down’s syndrome, or maternal infection in early pregnancy, e.g. Rubella. Early treatment is required to prevent permanent blindness. The extent of visual impaiments depends on the location and extent of the opacity.