

A healthy boy was born to the first couple; he had a birth weight of 2,778 g at 38.5 weeks gestation. Two healthy children, a 2,551-g boy and a 2,410-g girl, were born by cesarean section to the second couple.

Palermo G, et al. *N Engl J Med* 1998;338:588-590.

Editor's comment: Assisted reproductive technology has become increasingly important and has revolutionized the treatment of infertility. Preimplantation diagnosis is now possible in which DNA can be analyzed from a single blastomere. This allows selection of disease-free embryos for transfer to the uterus. In the pregnancies described above, the parents chose to take no risk of loss at that stage, but

opted for more conventional prenatal diagnosis by amniocentesis. Intracytoplasmic sperm injection is a relatively new development in assisted technology and provides new hope for couples in whom in vitro fertilization has failed or when there is paucity of viable sperm. This technique is quite promising for nonmosaic Klinefelter's syndrome men, who may now be able to have their own biologic children through this new technology. Interestingly, the number of men recognized to be infertile has been increasing for more than a decade. Precise diagnosis of male infertility will help to provide options to couples.

Judith G. Hall, MD

Screening for Retinopathy in the Pediatric Patient With Type 1 Diabetes Mellitus

Diabetic retinopathy is the leading cause of blindness in the United States, in patients between the ages of 20 to 74 years. Individuals with type 1 diabetes mellitus are at a high risk for developing diabetic retinopathy. The American Academy of Pediatrics has recently published a statement regarding recommendations for ophthalmologic evaluation of asymptomatic children with type 1 diabetes mellitus.

The statement provides background about diabetic retinopathy and the rationale for the ophthalmologic examination for diabetic retinopathy. An examination schedule for diabetic retinopathy for asymptomatic individuals with type 1 diabetes mellitus also is suggested (Table).

The objective and goals of the statement are to (1) develop a program for assessing children with type 1 diabetes mellitus on a regular basis to prevent diabetic retinopathy as part of the diabetic management; (2) identify children who may be at risk for developing diabetic retinopathy; (3) refer patients appropriately for ophthalmologic examination; and (4) educate individuals with diabetes and their families regarding the benefits of good diabetic control. The members of the committee believe referral to an ophthalmologist for follow-up is essential because ophthalmologists are much better able to detect early retinopathy than primary care physicians. HMOs often are reluctant to refer patients to ophthalmologists for such exams, and this poor practice is unacceptable.

Sections of Endocrinology and Ophthalmology American Academy of Pediatrics. *Pediatrics* 1998;101:313-314.

Editor's comment: The American Academy of Pediatrics guidelines will be useful for pediatricians and pediatric endocrinologists taking care of children with type 1 diabetes mellitus. Good control of diabetes mellitus is a

first step in preventing diabetic retinopathy. Prompt laser eye surgery can prevent further visual deterioration and delay the onset of blindness as a result of diabetic retinopathy.

Judith G Hall, MD

Suggested Ophthalmologic Examination Schedule for Asymptomatic Pediatric Patient With Type 1 Diabetes

INITIAL DISCUSSION

Within the first year after diagnosis, child and/or parents should receive counseling by a pediatrician or pediatric endocrinologist regarding the need for ophthalmologic examination and early intervention.

INITIAL EXAMINATION BY AN OPHTHALMOLOGIST*

3 to 5 years after diagnosis if >9 years of age

FOLLOW-UP EXAMINATION†

Annually

DURING PREGNANCY

During first trimester, then every 3 months until delivery

* Poor control or deterioration may indicate an earlier initial examination. An ophthalmologic examination also should be performed in poorly controlled patients before intensification of therapy.

† Abnormal findings will dictate more frequent follow-up examinations.