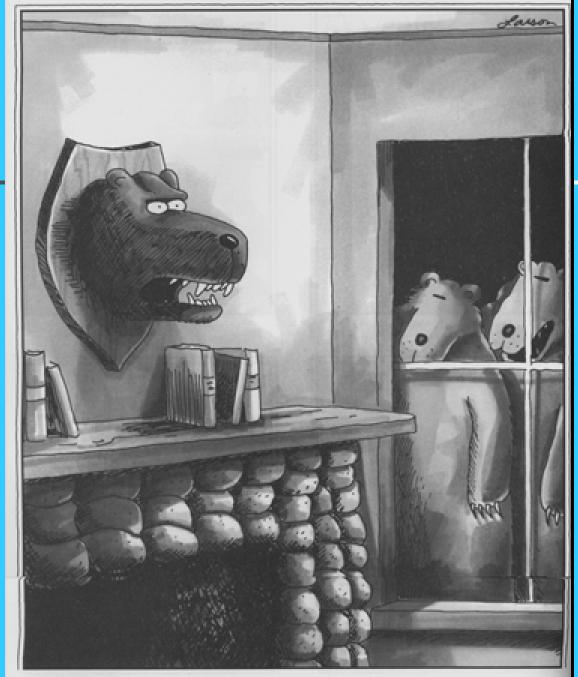


The Ins And Outs of Strabismus

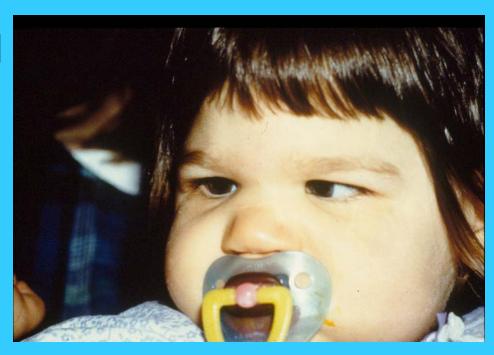
Sue Crowe COT
The Cole Eye Institute
Cleveland Clinic Foundation



"It's Vince, all right. It's his nose, his mouth, his fur ... but his eyes—there's something not quite right about his eyes."

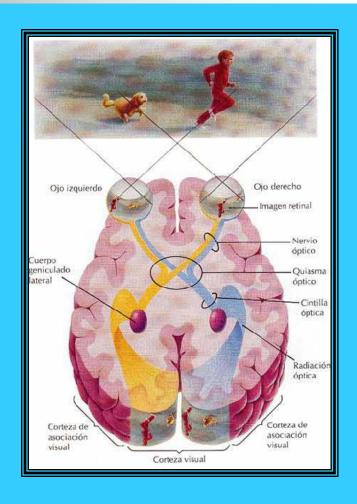
Definition of Strabismus

 Any ocular misalignment or tendency toward misalignment



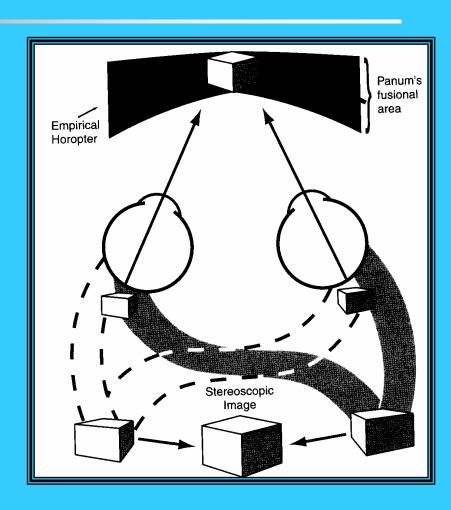
Binocular Vision

- Requirements
 - Retinal images
 - Corresponding areas
 - fovea
 - Similar in
 - Size
 - Shape
 - clarity

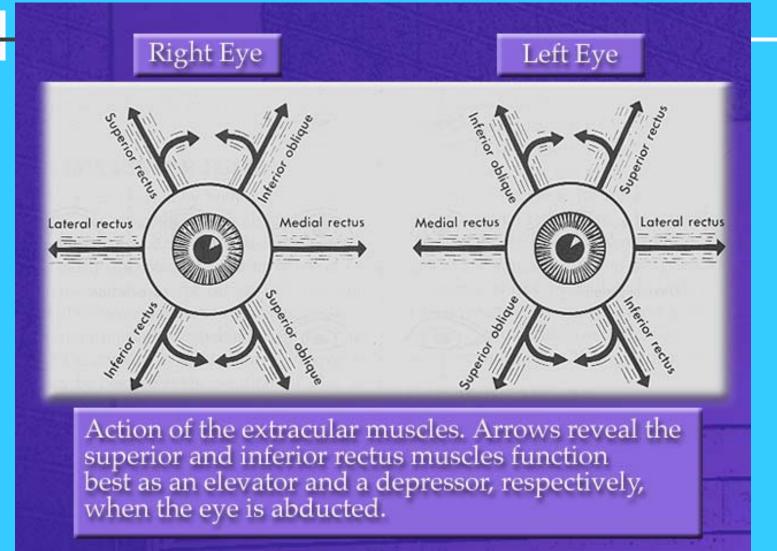


Motor Fusion

- Requirements
 - Binocular vision
 - Eye muscle control
- Results
 - Stereopsis
 - Depth perception
- Sensory reflex
 - Automatic
 - Age 6 months
 - Fine degrees
 - Requirements present later
 - Age 2
 - Peripheral fusion

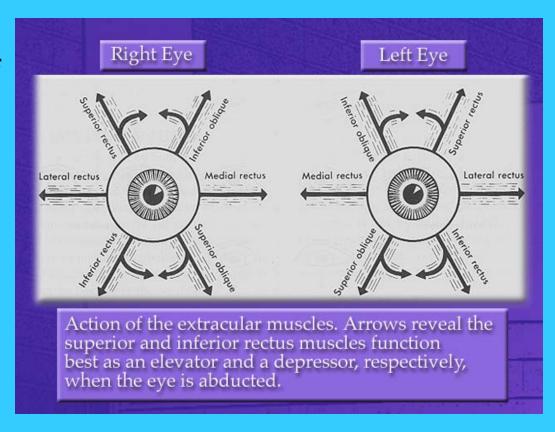


Extraocular Muscles



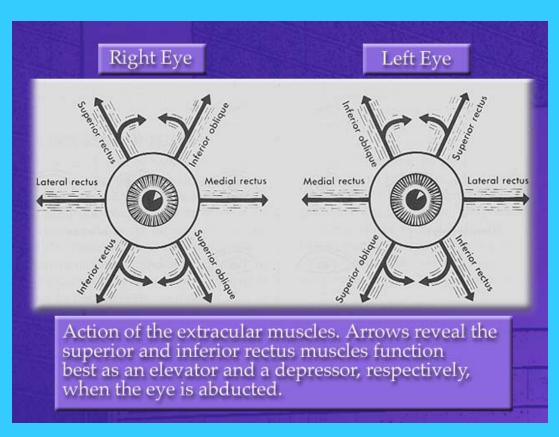
Muscle Cooperation

- Ductions
 - Sherrington's Law of Reciprocal Innervation
 - Agonist
 - Antagonist



Muscle Cooperation

- Versions
 - Hering's Law of MotorCorrespondance
 - Yoke muscles
 - Paired agonists
 - Paired antagonists



Strabismus

- Prevalence
 - 4% Children
 - 1% Adults
- Consequences
 - Amblyopia
 - Diplopia
 - Social stigma



The Strabismus Exam

- Role of technician
 - Obtain a detailed history.
 - Test binocular status
 - Establish the best corrected vision.
 - Determine the type of deviation.
 - Measure the deviation.

History Taking

- Children
 - Age of onset
 - Direction of the deviation
 - Constant or intermittent
 - One eye deviates or alternate fixation
 - Any precipitating event prior to onset
 - Treatment so far if any
 - Patching, glasses, surgery
 - Family history of strabismus

History Taking

- Adult
 - Diplopia
 - Onset
 - Better or worse in different gazes
 - Precipitating event
 - No diplopia
 - History of childhood strabismus
 - Ask same questions as for child

Method of Examination

- Observation
 - Obvious deviation?
 - Constant or intermittent?
 - Abnormal head posture?
- Assess binocularity
- Assess visual acuity

Stereopsis

- Ability to see depth
 - Amount of horizontal separation of the two images is measured as an angle in seconds of arc
 - Dependent on visual acuity, monocular clues, and interpupillary distance
 - Eyes further apart=greater stereo potential
 - 30 seconds minimum
 - Monocular clues
 - Motion, shadows, relative size





Tests of Binocularity

- Titmus
- Randot
- Worth 4 Dot
- Bagolini lenses
- Red glass test



Titmus Stereo Test

- Disparity ranges
 - 3000 to 40 sec.
 - Bifoveal
 - 40-60 sec.
 - Peripheral
 - 80-3000 sec.
- Tips on use
 - Disadvantages
 - Monocular clues



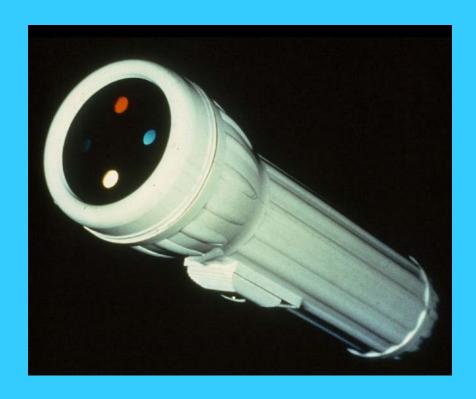
Acuity and Stereopsis

- = 20/25 = 40 sec.
- = 20/30 = 50 sec.
- = 20/40 = 60 sec.
- = 20/50 = 80 sec.

- = 20/60 = 100 sec.
- 20/70 = 140 sec.
- = 20/80 = 200 sec.
- 20/100 = 400 sec.
- 20/200 = 800 sec.

Worth 4 Dot Test

- Suppression
- Peripheral fusion



Strabismus Terminology

- Ortho
 - Greek=straight
- Phoria
 - Latent tendency
 - Alignment maintained by fusion
 - Common
 - Up to 70%

- Tropia
 - Constant and observable
 - Adults
 - Diplopia possible
 - Children
 - Amblyopia
 - Surgery indicated
 - Adults
 - Restore fusion
 - Children
 - Enable binocularity to develop

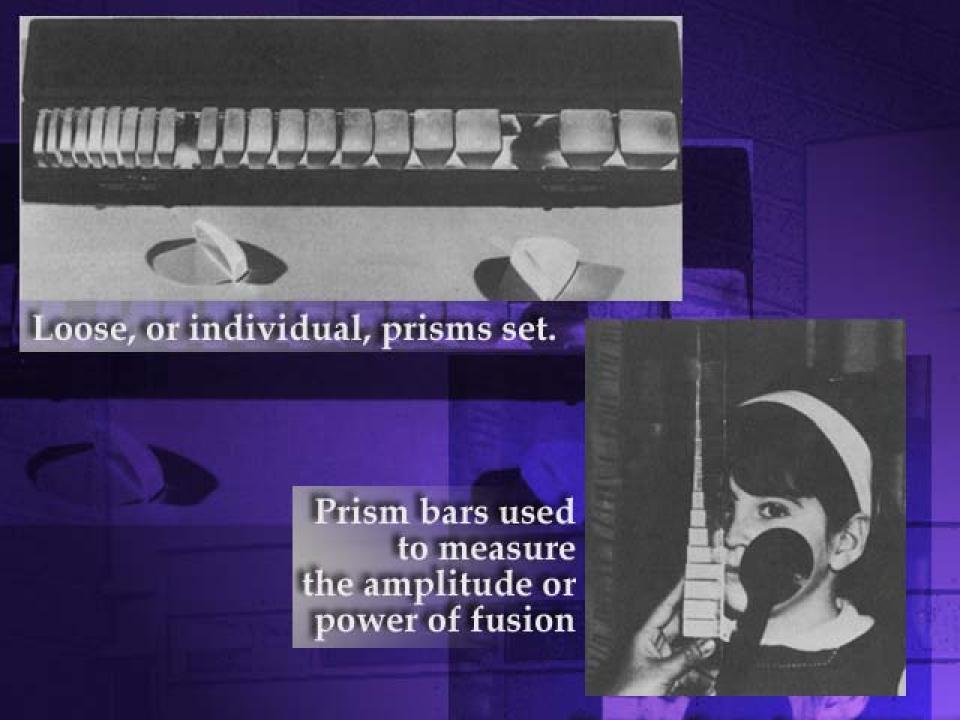
Types of Strabismus

- Esotropia
- Exotropia
- Hyper deviations
- Mixed deviations

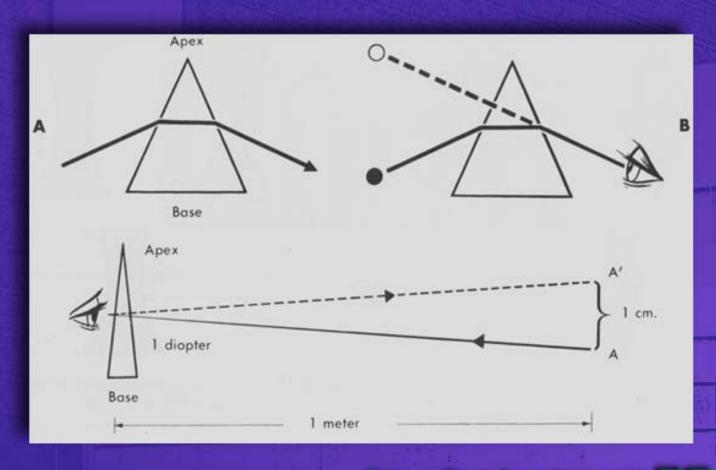
- Comitant
- Incomitant

- Restrictive
- Non-restrictive

- Constant
- Intermittent



Prism Diopters

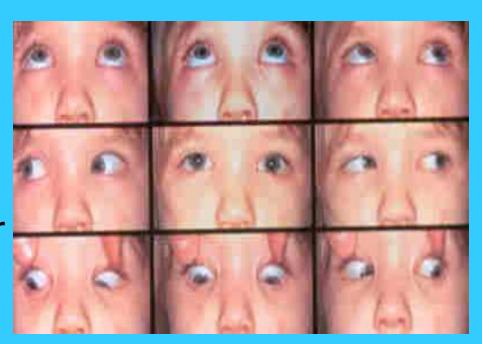


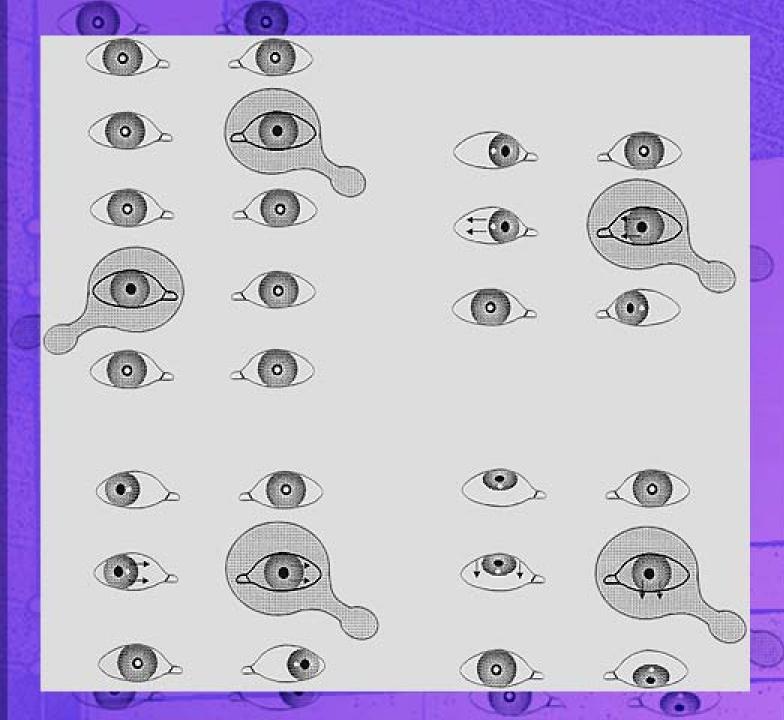




Evaluating Strabismus

Type
Phoria or Tropia
Cover uncover
Amount
Alternate cover





Cover Uncover Alternate Cover



Helpful Hints

- Observation
 - Phoria?
 - Tropia?
 - Constant?
 - Intermittent?

- Measurements
 - Phoria
 - Quick cover uncover
 - Tropia
 - Glasses*
 - Accomodative target
 - Keep patient focused
 - Prism bar is faster
 - Hyper deviations
 - All 9 gaze positions
 - Mixed deviations
 - Start with largest deviation
 - Stack loose prisms

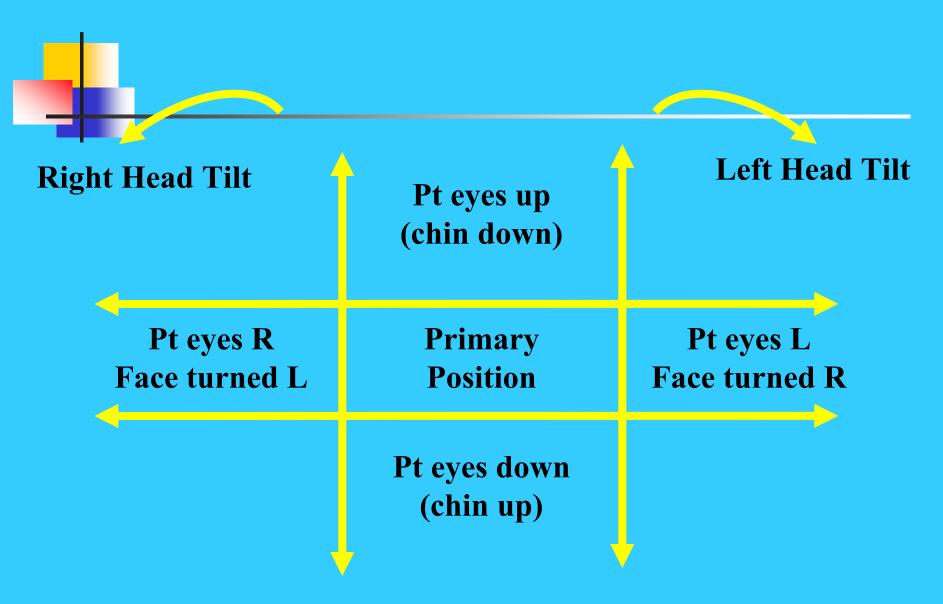


Abbreviations

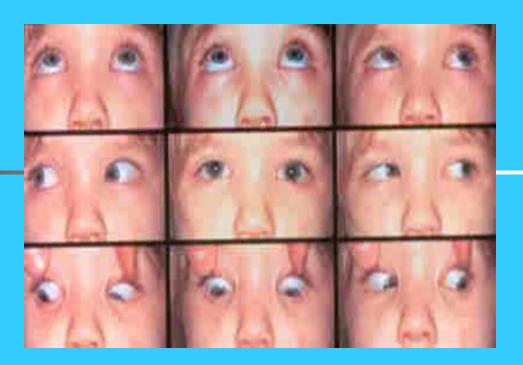
- Distance
 - Eso deviations
 - E
 - ET
 - Exo deviations
 - X
 - XT
 - X(T)
 - Hyper deviations
 - HT
 - H₀T
- Near
 - ET`

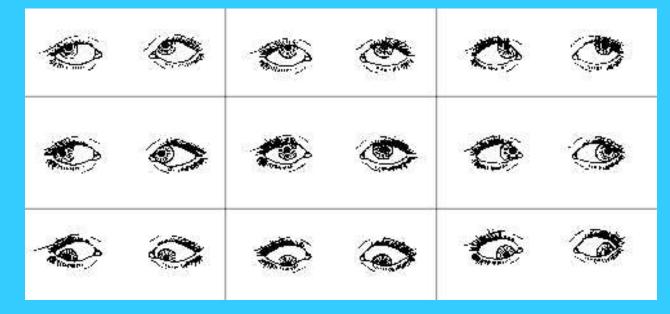
- Examples
 - RXT cc 25
 - Alt ET sc 30
 - X(T) sc builds to 20
 - LET`cc 35
 - LHT sc 10
 - RET cc 15
 - RHT cc 25

Cardinal Positions











Incomitant Strabismus

- Versions
 - A and V patterns
 - Overactions
 - Restrictions

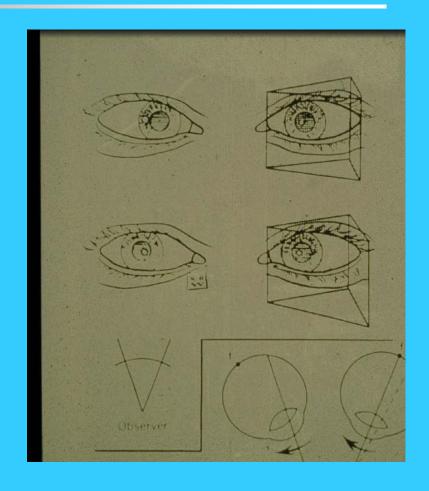






Hirshberg and Krimsky

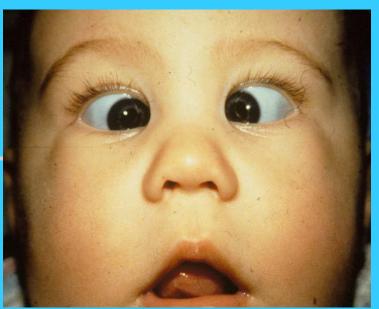
- Indications
 - Vision <20/400
- Method
 - Corneal reflex observation
 - Hirshberg
 - Direction of deviation
 - Krimsky
 - Amount
 - 1 mm = 7 prism diopters

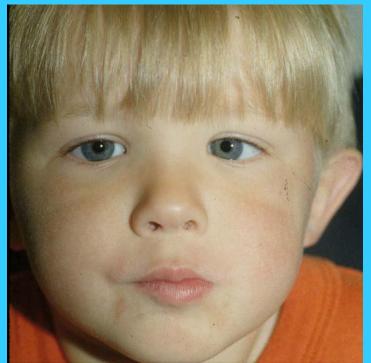




Esotropia

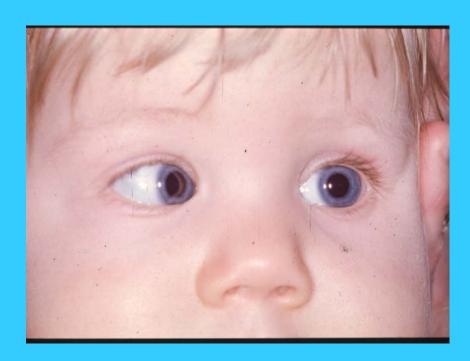
- Inward deviation
- Types
 - Congenital
 - Accomodative
 - Acquired nonaccomodative
 - Pseudostrabismus





Alternating Esotropia







Congenital Esotropia

- Features
 - Onset <6 months
 - Large angle
 - 30-70 prism diopters
 - Cross-fixation
 - Amblyopia
 - **40-50%**
- Treatment
 - Surgery
 - Timing controversial
- Etiology
 - Unknown



Accommodative Esotropia

- Features
 - Onset age 2-3
 - Begins intermittently
 - Varible angle
- Treatment
 - Glasses
- Etiology
 - Overconvergence secondary to high hypermetropia



Accommodative Esotropia Glasses

- Fully correct
- Partially correct
 Distance = near
 Amblyopia
 Surgery
 Distance < near
 High AC/A ratio
 bifocals



Acquired Non-Accommodative Esotropia

- Features
 - Age 1-5
 - No hypermetropia
- Causes
 - Neurological
- Treatment
 - Surgery



Pseudostrabismus

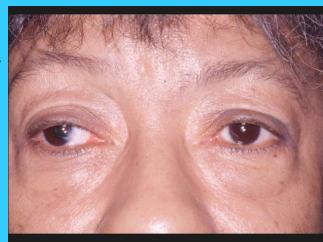
- Features
 - Appearance of ET
- Cause
 - Wide epicanthal folds
 - Racial differences
- Treatment
 - Growth



Exotropia

- Outward deviation
- Types
 - Congenital
 - Intermittent
 - Convergence insufficiency
 - Sensory





Congenital Exotropia

- Extremely rare.
- Treatment is surgery



Intermittent Exotropia

- Features
- Treatment
 - Non surgical
 - Surgical



FIGURE 13-1

A, Patient with intermittent exotropia and straight eyes in the phoric phase. Patient has 35 seconds are stereo acuity. **B**, Occluder of the left eye disrupting fusion. Under the occluder, the left eye is deviated temporally. **C**, Occluder removed and the left eye is deviated temporally showing the exotropia. Patient is in the tropic phase and suppresses left eye.

Intermittent Exotropia

- History
- Severity





Convergence Insufficiency

- Features
 - Remote NPC
 - 10-30cm
 - 5-10cm
 - Reduced convergence amplitudes
 - <20 prism diopters</p>
 - **30-35**
- Symptoms
 - Asthenopia
 - Blur/diplopia at near
- Treatment
 - Orthoptic exercises



Sensory Strabismus

- Features
 - ET or XT
 - Hard to measure
 - Krimsky
- Cause
 - Poor vision
- Treatment
 - Surgery
 - Results unstable



Vertical Strabismus

Features

- Congenital/acquired
- Incomitant
- Frequently diagonal
- Dissociated

Causes

- Neurological
 - Cranial nerve palsies
 - Myasthenia gravis
 - Multiple sclerosis
- Trauma
- Thyroid eye disease



Third Nerve Palsy

- Features
 - Congenital/acquired
 - Partial/complete
- Treatment



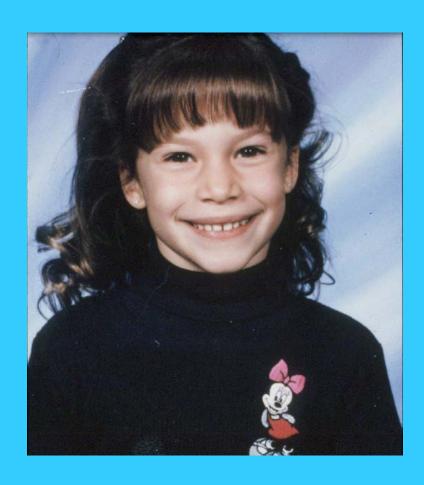
Fourth Nerve Palsy

- Cause
 - Weak superior oblique
 - Congenital/acquired
- Features
 - Head tilt
- Treatment
 - Surgery

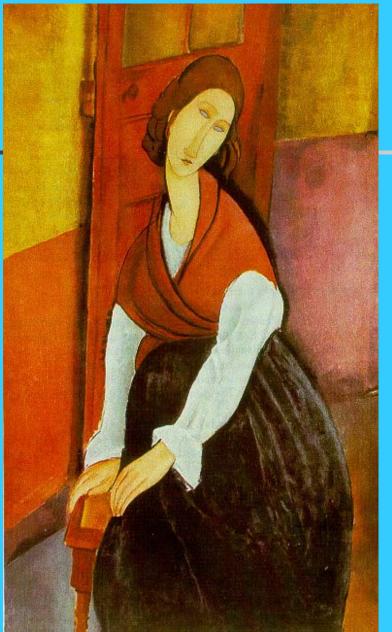
















Modigliani and the Portraits of Jeanne Hebutherne

Sixth Nerve Palsy

- Cause
 - Weak lateral rectus
 - Congenital/acquired

Tumors, trauma 60%

- Inflammation
- Features
 - Abduction
- Treatment
 - Surgery



Thyroid Eye Disease

- Cause
 - Inflammation
- Features
 - Incomitant restrictions
 - Inferior rectus
 - Medial rectus
- Treatment
 - Surgery
 - Timing issues

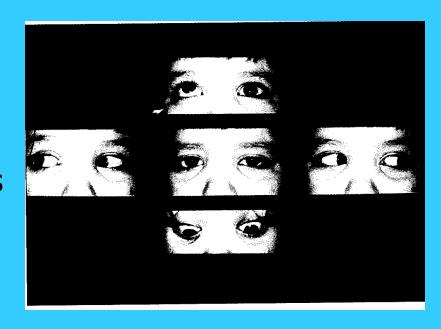






Other Causes of Strabismus

- Neurological
 - Myasthenia Gravis
 - Multiple Sclerosis
- Trauma
 - Orbital floor fractures
 - Surgery
 - Cataract
 - Glaucoma
 - Scleral buckle
 - Sinus surgery



Dissociated Deviations

Definition

- Herings, Sherringtons laws defied
- Latent nystagmus frequently accompanies

Occurrence

- 60-80% for congenital ET patients
- Most common type of hyper deviation seen in pediatric patients

Evaluating

- Presence
- Which eye
- Severity
 - Latent or manifest



Figure 15-14

Dissociated strabismus complex manifesting mostly DVD right eye and DHD left eye. **A**, Fixating left eye. Right eye is elevated behind cover. **B**, Fixating right eye. Left eye is abucted behind cover. Each eye extorts behind cover

Conclusion

