

Q: Child shown with ET. Age 3. What is your impression and what is the Ddx and how would you proceed?

1. Complete history
2. Complete ocular exam including dilated fundus exam and complete sensory and alignment testing.

3. Classification of Esodeviations

A) *congenital / infantile (< 6 months)*

- 1) essential esotropia (“congenital”)
- 2) early onset accommodative
- 3) Duane’s type I
- 4) nystagmus blocking syndrome
- 5) CN 6 palsy (or Moebius)

B) *acquired comitant*

- 1) accommodative ET: Refractive (high hyperopia)
- 2) accommodative ET: Non refractive (high ACA)
- 3) mixed mechanism (ACA and hyperopia)
- 4) decompensated accommodative
- 5) cyclic ET
- 6) divergence insufficiency/paresis ** often associated with brain pathology - scan!
- 7) spasm of near reflex
- 8) esophoria (common)
- 9) myasthenia gravis

C) *acquired incomitant*

- 1) LR weak (CN 6 palsy, slipped muscle)
- 3) MR restriction (#, TRO, postop)

D) *pseudostrabismus* (epicanthus folds, wide nasal bridge, negative angle kappa)

Child has +3.50 sphere OU and has a comitant ET of 25PD at D and 30PD at N

Treatment

1. Do a cycloplegic refraction and give full
2. Treat amblyopia
3. Possible outcomes after giving glasses and tx for amblyopia

Alignment/Fusion	<8PD/fusion	>10PD/NO fusion	Ortho D/ ET N
Treatment	Good result	Surgery	Bifocal

Amount of surgery for accommodative ET should be determined based average of near measurement with and without glasses to minimize undercorrection.

Outcome #1: Patient returns post surgery with 15PD of XT and has symptomatic diplopia. What is your management?

1. Reduce hyperopic correction

2. Fresnel prisms
3. Patching (short course)
4. Wait if 8 weeks consider reop

Outcome #2: Residual ET post op >10PD.

1. Rerefract and give full plus
2. Fresnel prism
3. Phospholine iodine
4. After 8 weeks consider re-op

Management **consecutive ET after XT & persistent ET post ET**

1. Repeat refraction. If hyperopia give it all. If plano and minimal myopia ignore.
2. Prisms aligned base out, 1/2 over each eye (Fresnel)
3. Treat amblyopia totally (it's your fault)
4. Phospholine iodide.
5. After 8 weeks and no improvement and >15 to 20_ you must reoperate