



Q: Photo of newborn with XT and hypo with ptosis. What is the dx? Management?

- Congenital III palsy
 - Can be associated with other neurological deficits
 - Can be either nuclear or peripheral
 - Pupil may or may not be spared
 - Frequent aberrant regeneration seen
 - Many develop cyclic oculomotor spasm (eye straightens with lid elevation 60 to 120 seconds and then back to down and out)

 - Treatment is complex
1. **MUST refer for neurological evaluation (R/O: CNS pathology)**
 2. Non surgical tx: PRISMS to maintain binocularity
 3. Surgical (do ptosis after)
Large R/R (LR 16mm)
?Transposition of SO to MR tendon