



Q: What does a patient see with the WFDT if they have monofixation syndrome?
Describe monofixation syndrome.

- As shown above patients with MFS will see all four dot at near. They will suppress the eye with the central scotoma for distance testing. This is because patients with MFS have an absolute, facultative central scotoma usually measuring 2-3 degrees. At near the WFDT dots project about 6 degrees. At distance they project to 1.2 degree (this is within the central scotoma).
- MFS: Characterized by the following:
 1. Small angle tropia. Usually ET but may be XT. Can also be caused by anisometropia or macular lesions.
 2. Central scotoma with peripheral fusion.
 3. Stereo reduced but present.
 4. Phoria may exceed tropia (only condition where this is true) so it is important here to do ACT and SPCT.
 5. Diagnosis:
 - a. Must demonstrate absence of central fusion (distance WFDT)
 - b. Presence of peripheral fusion (near WFDT)
 - c. Bagolini striated lens with characteristic pattern (gap in lines).
 - d. Stereo acuity usually 200-3000 seconds.
 - e. 4 prism BO test. Place prism before fixing eye and you will get a corrective version. In normals you would see the same only after the corrective version you would have a fusional convergence of the eye without the prism. With MFS this corrective convergence is absent. In addition you will often not have a version when you move the prism

f. over to the non fixing eye.

FEATURES OF MONOFIXATION SYNDROME
Consistent with normal retinal correspondence
Presence of measurable fusional vergence amplitudes Presence of stereopsis (to 67 arc seconds) in many Relatively stable alignment Demonstrable peripheral fusion No measurable tropia in many
Consistent with anomalous retinal correspondence
Small tropia in some Lack of stereoptic appreciation in some