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Treatment of anisometropic amblyopia

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Introduction: Anisometropic amblyopia is the second most common cause of amblyopia. Anisometropic amblyopia can occur when there is a difference in refractive error between the two eyes.

Purpose: The purpose of this study is to evaluate factors predicting success in the treatment of anisometropic amblyopia.

Materials & Method: The records of 18 children from 3-8 years old, treated successfully for anisometropic amblyopia were reviewed. Optimal refractive correction was provided. Age, initial visual acuity and stereoacuity of anisometropia were analyzed. The time course of improvement in visual acuity and the factors related to amblyopia resolution were assessed. Patching or atropine penalization was considered in additional to optical management if patients show no improvement with glasses alone after 3 months.

Results: 18 children with a mean age of 5.6 years were included. Mean time to amblyopia resolution was 5.8 months (range 2 to 15 months). Worse best corrected initial visual acuity was associated with longer time to resolution. Seven (38.9%) of the hyperopic patients achieved visual acuity of 20/20 in the investigated period. Better initial stereoacuity predicted good final stereoacuity. Treatment outcome was not related to age, but was related to better baseline visual acuity and lesser amounts of anisometropia.

Conclusion: Compliance with treatment has major effect on response to therapy. Treatment of anisometropic amblyopia with glasses alone can be a successful option. Patching or pharmacological penalization can be added if there is no improvement in visual acuity only with glasses after 3 months.

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