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Exploring the causes and secondary procedure choice of consecutive esotropia after surgery in intermittent exotropia

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Objective: To investigate the cause and secondary procedure choice of consecutive esotropia after intermittent exotropia surgery, while to find individual procedure to avoid the occurrence of consecutive esotropia corresponding to the causes.

Methods: The medical records of 40 patients who underwent surgical correction of consecutive esotropia, which was conducted between June 2014 and June 2017, were retrospectively reviewed. Consecutive esotropia was defined as residual manifest esodeviation of 15 prism diopter (PD) at 6 months postoperatively. Successful correction of consecutive esotropia was defined as the lack of manifest or intermittent tropia and esophoria/exophoria within 8 PD. Patients were analyzed for the cause of consecutive esotropia. Unilateral lateral rectus advancement into the original insertion site was designed before surgery in all patients.

Results: In our procedure, we found 24 in 40 cases (60%) consecutive esotropia after intermittent exotropia correlated with the abnormal insertion of inferior oblique muscle in the main squint eye; 10 in 40 cases (25%) without any reason, 6 in 40 cases with slipper of recessed lateral rectus and scar. Unilateral lateral rectus advancement was successful in the correction of consecutive esotropia in 37 of 40 cases (92.5%). 30 of 37 (81.1%) patients obtained binocular fusion and stereopsis improvement.

Conclusion: Unilateral lateral rectus advancement generally provides enough correction for most consecutive esotropia. Surgeons should consider the vertical deviation, especially in patients with oblique overreaction. Consecutive esotropia after intermittent exotropia correlated with the abnormal insertion of inferior oblique muscle in the main squint eye, which reminds us change the amount of surgery once we find the abnormal insertion of inferior oblique muscle when lateral rectus recession procedure is done.

Biography

Qiao Tong is a Senior Consultant and Head of Ophthalmology Department, Children's Hospital of Shanghai. She is also a member of American Academy of Ophthalmology. Her main interest is in Paediatric Ophthalmology, including management of a range of eye problems in children, such as refractive errors, amblyopia, retinopathy of prematurity, congenital and acquired children eye diseases. She is an experienced surgeon and specializes in microsurgery treatment for refractory children and adult's strabismus, nystagmus and Crouzon syndrome.

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