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Inferior oblique recession is enough for unilateral long-standing congenital superior oblique palsy?

Introduction: Congenital superior oblique palsy (CSOP) is sometime overlooked by the general ophthalmologist due to the absence of manifest vertical deviation (VD) in primary position (PP), even if it has been a recognized clinical entity for nearly a century.

Methods: We retrospectively evaluated 46 adults undergoing surgery for unilateral CSOP in our clinic (2006-2017). The patients were divided in two groups: Group 1-32 patients with preoperative VD in PP less than 30 prism diopters (PD), in which we performed a graded inferior oblique recession (8 mm, 10 mm or maximal) and group 2-14 patients with preoperative VD in PP greater than 30 PD, in which we performed a maximal inferior oblique recession combined with recession of contralateral inferior rectus muscle. Horizontal and vertical deviations in five positions of gaze and head posture were assessed pre- and postoperatively.

Results: In group 1, VD in PP and in adduction was reduced from median 10 PD and 25 PD to 1 PD and 3PD respectively. In group 2, VD in PP and in adduction was reduced from median 36 PD and 34 PD to 8 PD and 8 PD respectively. All patients improved their abnormal head posture after reoperation. 78% of patients have first heard the diagnosis of CSOP in our clinic; even 92% of them had more than three eye examinations during life.

Conclusion: Although the clinical findings in CSOP are very clear, in medical practice from Romania we meet even today overlooked forms of CSOP, even with massive VD in PP.

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