

3rd Global

Pediatric Ophthalmology Congress

March 22-23, 2018 | London, UK

A rare case of bilateral MR congenital paralysis: surgical treatment

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Aim: To report the outcomes in a patient who underwent surgical corrections of bilateral MR paralysis.

Methods: This was a case report. Preoperative and postoperative follow-up of a patient with bilateral MR paralysis were assessed. Surgery was performed in the Pediatric Hospital of Naples, Ophthalmic department.

Results: Patient M M was born with 2.3 kg at term, with growth retardation in the first year of life, affected by arthrogryposis. At the first ophthalmic examination in our center, at the age of 3 year old, she showed complete bilateral adduction restriction and limitation of elevation (LE greater than RE) with large angle exotropia and head rotated right-side or left-side according to fixation, RE dominants. Refraction performed by instillation by ciclo-pentolato three times, showed hyperopia w.n.l. Any pathologies in anterior chamber and fundus were excluded. Follow-up was performed during time with complete orthoptic evaluation. Preoperatively VA was 6/10 in both eyes. Krimsky test showed an exodeviation, with an angle greater than 85 PD. M M underwent surgery at age 4. In both eyes the following surgical approach was performed: LR 10 mm. recession + MR 6.5 mm. resection with insertion forwarded at 1 mm. from limbus. Postoperatively, one year after surgery, adduction deficit was still present, bilateral down-shoot was reported, with abduction limitation. Cover test showed: at distance an angle of 15 PD with 4 PD L/R hypertropia (RE fixating) and 10 PD with 4 PD R/L hypertropia (LE fixating); at near an angle of 20 PD with 10 PD L/R hypertropia (RE fixating) and 15 PD with 8 PD R/L hypertropia (LE fixating).

Conclusion: Overall the surgical procedure performed has shown an improvement of preoperative clinical deviation, nevertheless a Jensen technique may be another option, as first surgery, in such cases. A video is available to show the case before and after surgery treatment.

Recent Publications

1. Hardesty H H, Boynton J R and Keenan J P (1978) Treatment of intermittent exotropia. Arch Ophthalmology 96:268-274.
2. Morad Y, Kowal L and Scott A B (2005) Lateral rectus muscle disinsertion and reattachment to the lateral orbital wall. Br. J. Ophthalmology 89:983-985.
3. Brooks S E and De Ribeiro G (2000) Augmented hummelsheim procedure for paralytic strabismus. J. Pediatric ophthalmology Strabismus 37:189-195.
4. Foster R S (1997) Vertical muscle transposition augmented with lateral fixation. J. AAPOS 1:20/30.
5. Burian H M and Spivey B E (1965) The surgical management of exodeviation. Am. J. Ophthalmology 59:603.

Biography

Federico Iacono has been working in Ophthalmic department of Santobono Hospital of Naples; his main interest has always been the strabismus surgery, its strategies and techniques. During his hospital career, he has performed many strabismus operations, has worked with the most expert Italian surgeons of strabismus and every year he has attended national and international congresses to keep up to date with new surgical techniques.

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