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Further consequences of concomitant strabismus

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Statement of the Problem: Concomitant strabismus (CS) is one of the most frequent childhood pathology, which holds 2nd place among ophthalmologic disorders in this age. The cause (CS) is thought to be a bi-fixation mechanism disorder, which is triggered by various factors acting in the process of formation of binocular vision (BV). Functional changes which accompanied by this cosmetic defect impede development of vision system in the children and impact for the psychology and development of character. In adolescence appears problem, that hinder them choosing profession. From that strabismus isn't the only medical problem it is also a social problem. There are different considerations about the treatment methods of concomitant strabismus. The purpose of this study is assessment of complex treatment of concomitant strabismus in children groups.

Methodology & Theoretical Orientation: Prospect and retrospect cohort study was conducted. The subjects of study were (n=121) children which had concomitant esotropia. They were treated in G. Zhvania State Pediatric Clinic. The children were divided into two groups: 2-4 years, and 4-15 years. These groups divided into sub groups. The part of children underwent complex treatment which included: wearing glasses, occlusion, and surgical treatment. The second part experienced the same treatment and in addition vision therapy, which included variety exercises for developing fusia and binocular vision, also electro-stimulation and other exercises.

Findings: This study shows that the groups who underwent complex treatment (correction of refractive errors occlusion, surgical treatment 2-4 years age) and in addition vision therapy recover better (75%) (BV) fusion than the other group. Recommendations the age of 2-4 is optimal for the surgical treatment. If the treatment starts at the age of 5 or more it is ineffective and recovering of binocular vision is impossible in most cases.

Recent Publications

1. Brenden T Barrett (2008) A critical evaluation of evidence supporting the practice of behavioural vision therapy. *Ophthalmic and Physiological Optics* 29(1):4-25.
2. Elizabeth C Engle (2007) Genetic basis of congenital strabismus. *Arch Ophthalmol.* 125(2):189-195.
3. Kammi B Gunton and Bradley A (2003) Nelson reprinted from gunton KB, Nelson BA. Evidence –Based Medicine in Congenital. Esotropia. *J Pediatric Ophthalmol Strabismus.* 40(2):70-73
4. Maio Clinic: Best Treatment for Childhood Eye Problem 13. October 2008.

Biography

Manana Kikolashvili completed her Graduation from medical institute founded on the basis of the University of Experimental and Clinical Therapy. She completed her Residency at Tbilisi State Medical University in 2008. She worked at TSMU G. Zhvania Pediatric Academic Clinic from 2003 as an Academic Doctor of Medicine - Pediatric Ophthalmologist. She has participated at more than 11 international scientific conferences and symposiums. She has published 15 articles in reputed journals. She has four years of teaching experiences. She is a member of World Society of Pediatric Ophthalmology and Strabismus and member of Georgian Society of Ophthalmologists.

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