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Clinical Features And Surgical Treatment Of Double Elevator Palsy

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Purpose: To describe the clinical features of congenital double elevator palsy (CDEP) and to evaluate different surgical outcomes based on improvements in the primary eye position and ocular motility.

Methods: 16 patients with congenital double elevator palsy in Shanghai Children's Hospital were enrolled from July 2014 to January 2017. Forced Duction Test (FDT) was negative in 15 cases. 12 patients underwent standard Knapp procedure, with or without horizontal squint procedure; one patient underwent Hummelsheim procedure (part of the tendons capsule transposed); two patients underwent augmented Knapp procedure. And one patient had inferior rectus recession in affected eye and superior rectus recession in sound eye, because FDT was positive. Cure standard was defined as final vertical residual deviation ≤ 10 PD and $\geq 25\%$ improvement in restriction after operation.

Results: 14 of 16 patients (87.5%) were aligned to with and within 10 prism diopters (PD), all of patients (100%) reached $\geq 25\%$ improvement in restriction after operation. 5 patients from severe limitation (-3) to only slight limitation (-1) or normal, while improved in the other 11 patients from moderate limitation (-2) to only slight limitation (-1) or normal. One limited case of left "double elevator palsy" was found to have the right "double elevator palsy" as well after the surgery. One case exposed bilateral DVD with esotropia after the surgery. Three patients had binocular vision before and after surgery and none gained it after surgery. No significant surgery complications were observed during the follow-up periods.

Conclusion: Surgical procedures for CDEP must be individualized according to clinical evaluation and the results of FDT. The results of FDT are of vital importance to choose the appropriate surgical procedure. In addition, CDEP is also needed to early diagnosis and treatment to get the best outcome.

Biography

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