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Management of fusion loss in anisometropia: A longitudinal study

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Accommodative esotropia is a result of a fight between acuity vs. binocular single vision (BSV). If acuity principle wins (subject prefers acuity is paramount important than BSV), esotropia occurs. If BSV principle wins (subject prefers BSV based on fusion), the subject may not develop esotropia but bilateral form vision deprivation amblyopia may occur. But maintaining BSV in anisometropia is extremely difficult along with the ever-increasing demand for better visual acuity. This leads to decompensation of heterophorias or acquired manifest squints. Therefore, the management of such cases are extremely difficult and should be handled very carefully in an organized procedure. This was a case study which longitudinally followed up at National Eye hospital, Colombo, Sri Lanka since 2011–2013. Initial presentation was at 5 years of age with a history of a sudden onset convergent squint with diplopia for 1 week. Acquired esotropia with horizontal diplopia on all gazes with mild incomitancy to left gazes; compelled to investigate the subject neuro-radiologically. This was to exclude the diagnosis of developing (L) lateral rectus paresis. But routine investigations revealed uncorrected (L) anisohypermetropia with form vision deprivation amblyopia. The challenge of improving acuity, to regain fusion and esotropia correction was a multidisciplinary approach. Maximum anisometropic correction, occlusion therapy, Fresnel prisms, 2 esotropia corrective surgeries and fine tuning of refractions made the child back to BSV with almost equal vision and esophoria. The process of gaining acuity, reducing binocular rivalry and gaining fusion are key points on managing of acquired squints in this nature despite of prolonged subnormal BSV.

Biography

J U Seekkubadu is a Consultant Orthoptist. He is currently working as Senior Orthoptist at National Eye Hospital in Colombo, Sri Lanka. He serves for Orthoptics related to binocular science which benefits the patient having squints & ocular motor balances. He also provides Physiological counseling.

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