



Active Differential Diagnosis in an 11 Month Old Boy

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REVISTA DE
ESTRABISMO
& OFTALMOLOGIA PEDIATRICA



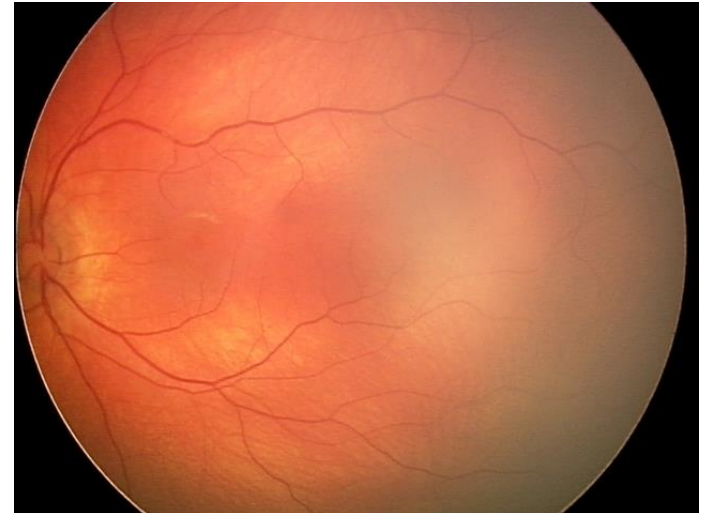
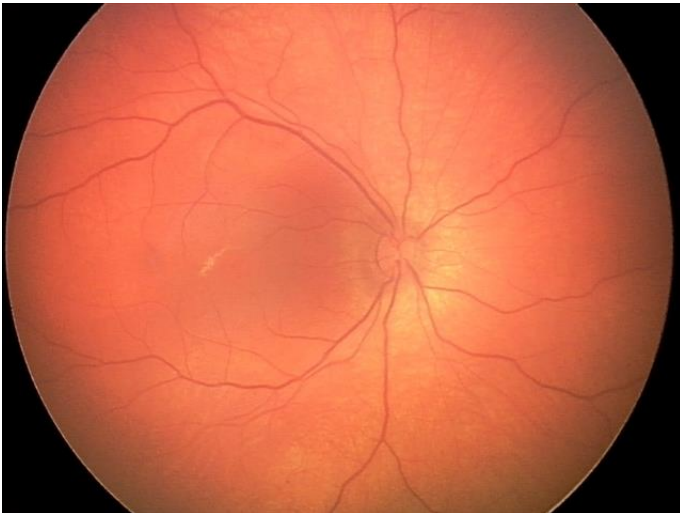
Case Presentation:

- An 11 month old boy, presented with inward deviation of his right eye since birth. He was a premature child (29 weeks). No history of pain, vomiting or trauma associated with strabismus / neurological
- Work-up was unremarkable
- His twin brother was normal

Work-up

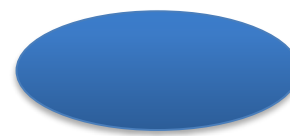
- Retinoscopy:
OD +2.00 sph
OS +2.50 sph
- Visual Acuity / OPL
- OD fixes and follows / 4.8 cycles/cm (20/130 Snellen)
- OS fixes and follows / 9.8 cycles/cm (20/63 Snellen)

- Adnexa , pupillary reflex : unremarkable
- Slit lamp Examination : unremarkable
- Fundus Examination: Normal



- Esotropia / preference by left eye
- Kr ET ' 60 Δ / p
- ET ' >100 Δ / ET ' 60 Δ / ET 40 Δ
- Eye Rotation

-4







Differential Diagnosis

- Ciancia Syndrome?
- VI Nerve Palsy?
- Duane Syndrome?

Therapeutic and diagnostic trial

May 2014 => 5 ui / Botox[®] / Right Medial Rectus

19 month old



Primary Position



Right Gaze

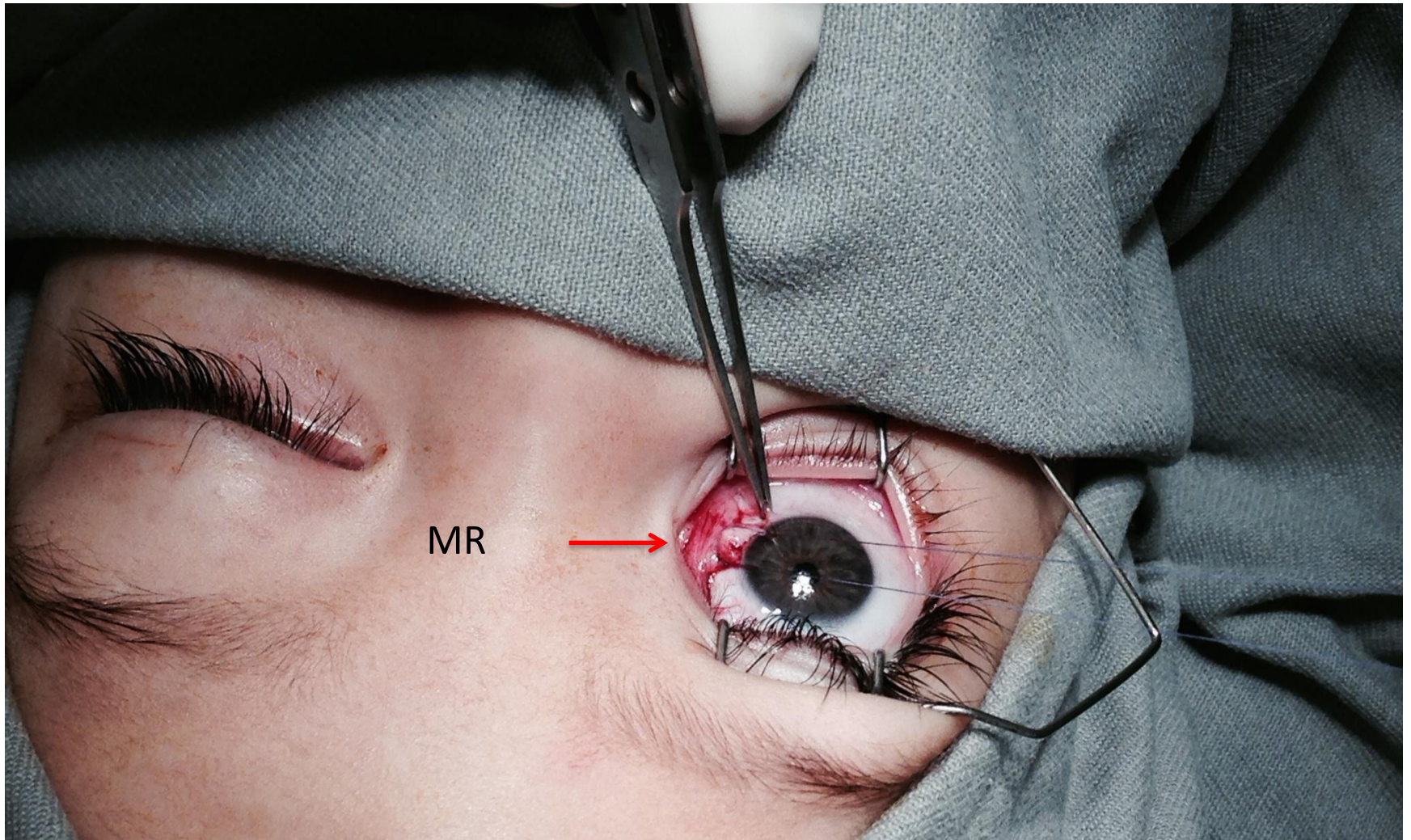


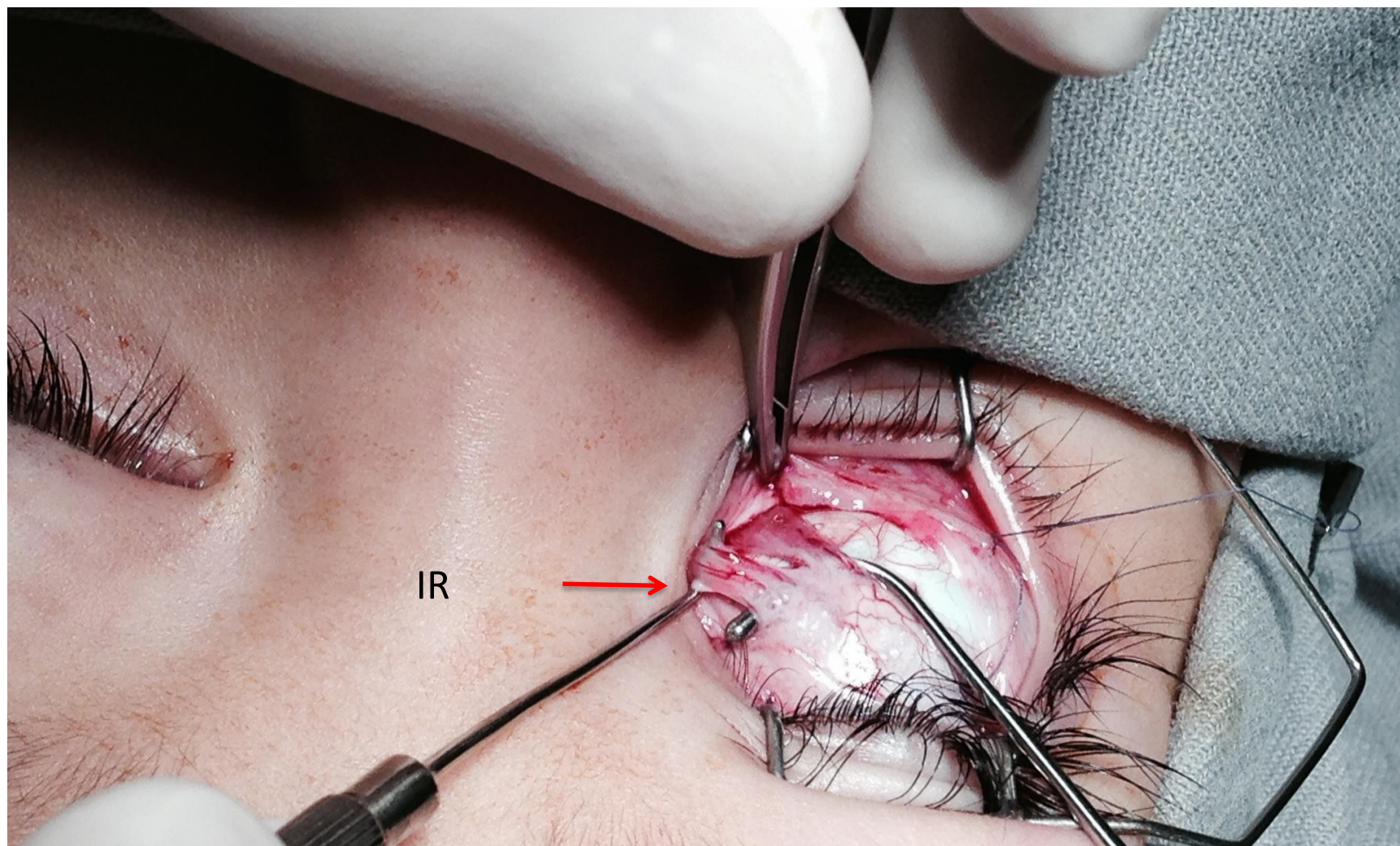
Left Gaze

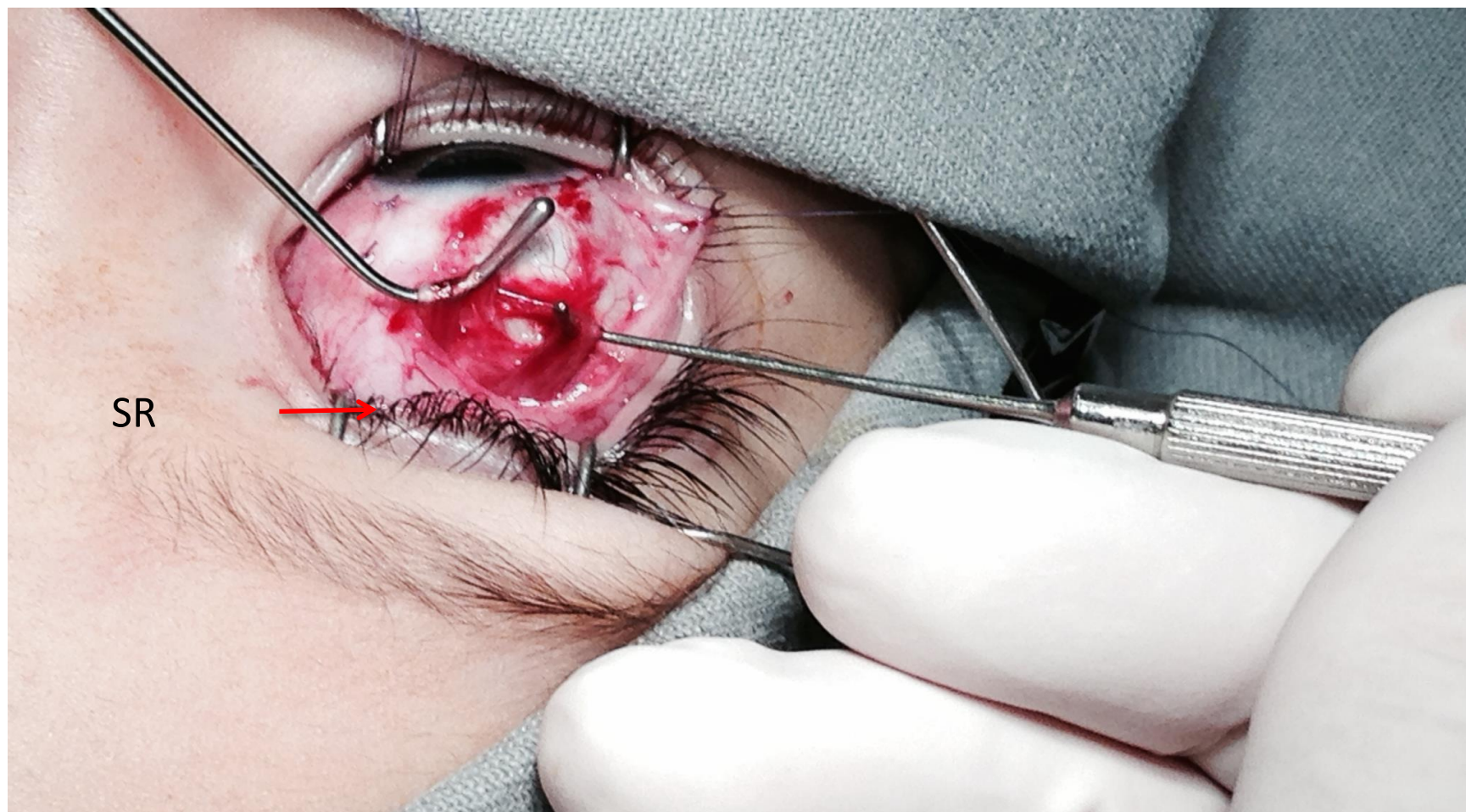
Based on the clinical presentation, the patient was diagnosed with: VI Nerve Palsy / OD

Underwent strabismus surgery : Carlson Jampolsky + 6.0 mm Medial Rectus Recession

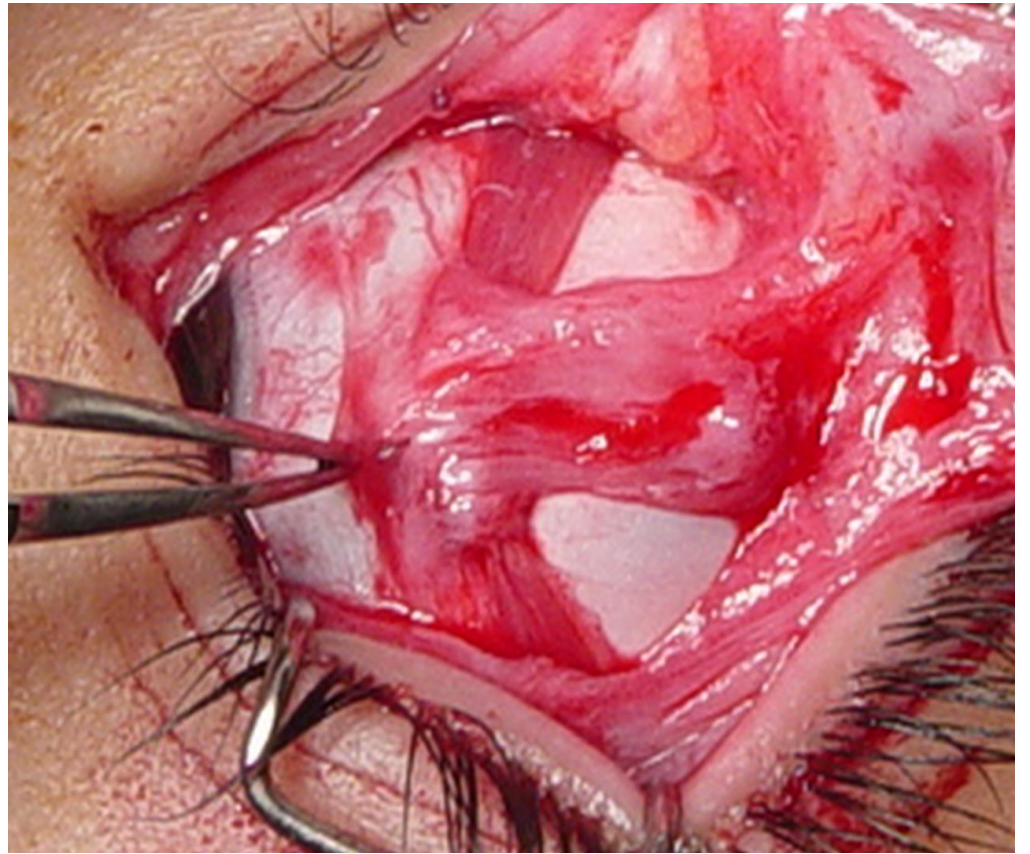
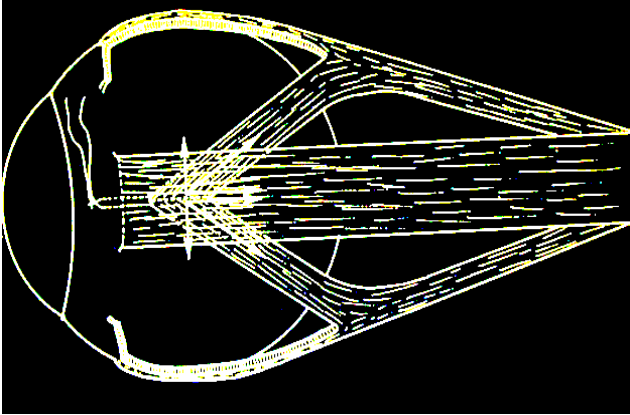
Surgery: RMR with hang loose suture /Queré test: reach limbus







SR



Final Position



4th Post-operative day



Management

Post-operatively, the eyes appeared aligned, although it was not possible to demonstrate evidence of binocular function due to the young age

Some questions about the case

1) Do you feel recommending MRI image study prior to the surgical procedure is :

- a) Indispensable
- b) Useful but not indispensable
- c) I would not recommend prior MRI image due the anesthesia damage

2) What is your preferred surgical technique for VI Nerve palsy ?

- a) Carlson Jampolsky
- b) Superior rectus transposition combined with Medial Rectus recession
- c) Vertical muscle transposition augmented with lateral fixation (Foster)
- d) Nishida Muscle Transposition

3) What is the occlusive treatment option proposed for this case?

- a) 2 hours / day
- b) 4 hours / day
- c) 6 hours / day
- d) 8 or more hours /day

Could our experts also answer these questions?

- 1) Do you think that VI Nerve palsy is a benign entity ?
- 2) What is your approach to diagnose and treat a patient with VI Nerve palsy pattern ?

Thank You!