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# Twop Case Study

## INFANTILE ESOTROPIA WITH AMBLYOPIA



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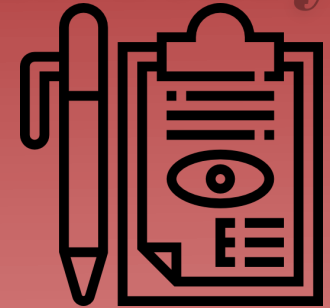
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# Patient History



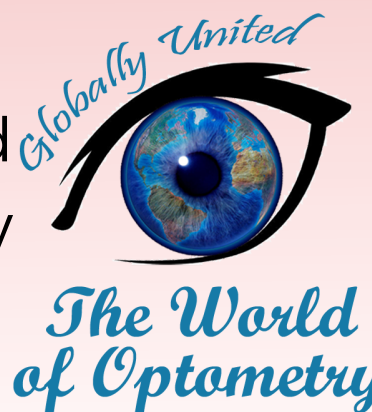
**CHIEF COMPLAINTS:** A 9 month-old female infant presents with occasional crossing of her eyes. Her parents believe that her left eye deviates nasally more than the right. The infant responds to light, tracks faces, and plays with toys without issue.

**OCULAR HISTORY:** None

**PAST MEDICAL HISTORY:** Born at term without complications.

**SURGICAL HISTORY:** None

**FAMILY HISTORY:** Mother with refractive error and maternal uncle with “lazy eye”. Paternal history unremarkable.



# Ocular Examination

## Visual Acuity

- **OD** Fixes and Follows
- **OS** Fixes and Follows

## IOP:

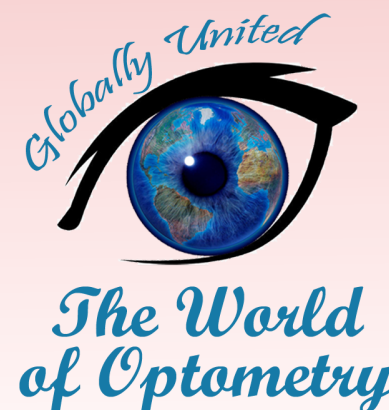
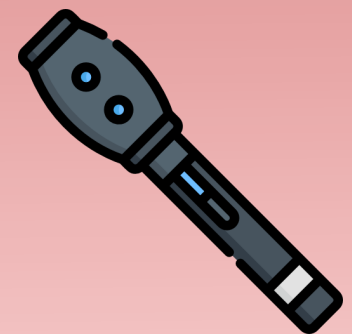
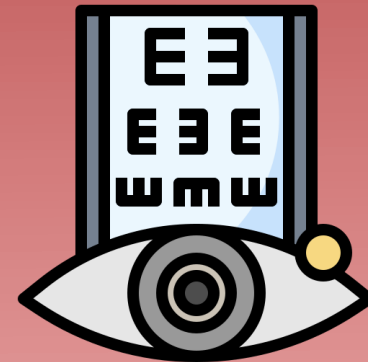
- **OD** Soft by palpation
- **OS** Soft by palpation

**Pupils:** Equal, round and reactive to light, no APD/RAPD. No leukocoria.

**Extraocular Movements:** Full OU. No nystagmus.

**Confrontational Visual Fields:** Responds to light directed in four quadrants with each eye.

**External:** Her left eye is crossed inward (esotropic). Her face is symmetric.

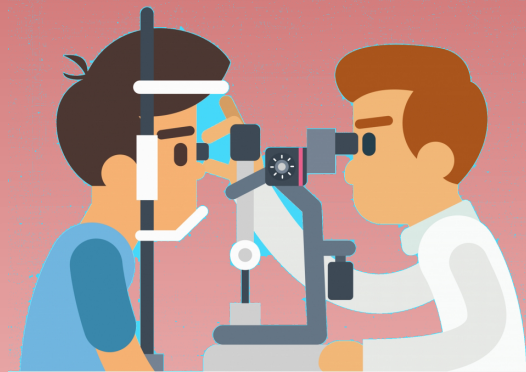


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# Clinical Findings

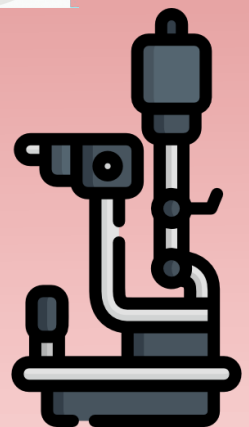
## Slit Lamp Findings

- Conjunctiva/Sclera: Normal OU
- Cornea: Clear OU.
- Anterior Chamber: Grossly Normal
- Iris: Normal OU
- Lens: Clear OU
- Anterior Vitreous: Clear OU



## Dilated Fundus Evaluation

- **OD:** Clear view, CDR 0.2 with sharp optic disc margins, no optic nerve hypoplasia, flat macula with normal foveal light reflexes, normal vessels.
- **OE:** Clear view, CDR 0.2 with sharp optic disc margins, no optic nerve hypoplasia, flat macula with normal foveal light reflexes, normal vessels.



**Retinoscopy:** Mild hyperopia OU (+1.00) without astigmatism

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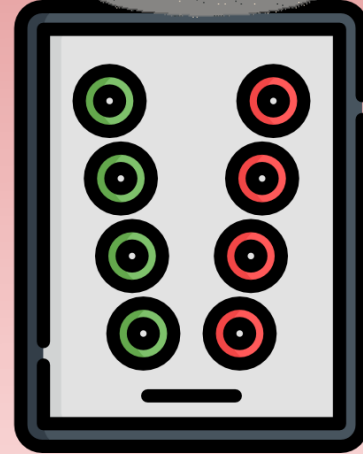
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# Clinical Findings

## Squint evaluation:

- Corneal reflection test (Hirschberg test): Reflection of a penlight directed at the infant is located at the center of the Right pupil and temporally to the center of the Left pupil.
- Cover-uncover test: On covering the Right eye, the left eye shifts outward and fixes intermittently to a toy straight ahead. When the right eye is uncovered, the left eye shifts back inward. When covering the L eye the right eye remains straight looking at the target.
- Alternate-cover test: When the cover is alternated from one eye to the other, there is an outward shift of the opposite eye on uncovering

**Stereopsis:** Unable to determine given patient age.



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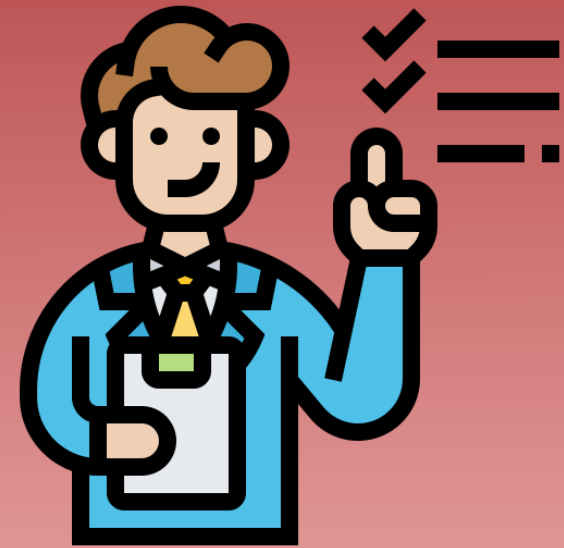


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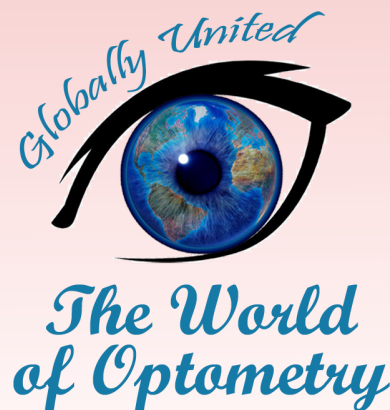
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# Diagnosis

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Infantile Esotropia and  
Amblyopia of The Left Eye



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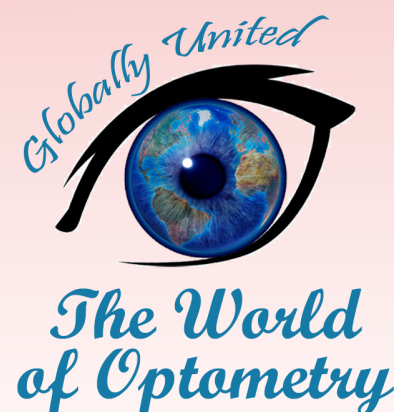
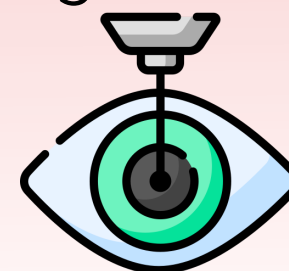


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# Management Plan

- Early recognition and treatment, amblyopia can be reversible to an extent. Treatment is most effective at early ages.
- Full refractive error correction during visual development period
- Eye patching of strong or sound eye to stimulate the lazy eye vision
- If the amblyopia is due or worsen by strabismus the patient needs surgical realignment of the eyes.

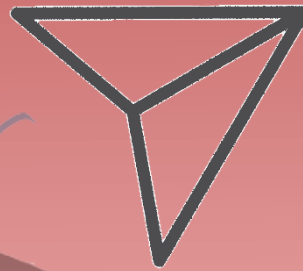




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