TWOP Case Study

EXOTROPIA

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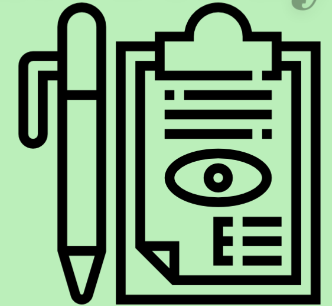
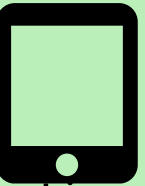
Patient History



CHIEF COMPLAINTS: 9 year/old female carer c/o LE deviated out on & off, 1st Notice 1/12, No h/o Headache & Diplopia. Prolonged usage of gadgets mostly in dim illumination.



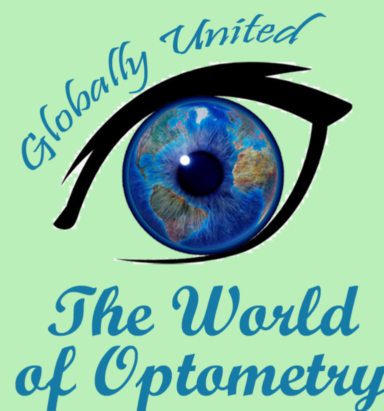
OCULAR HISTORY: H/o spectacle usage with Astigmatic correction. No known h/o ocular surgery/Injury. No ocular medications taken.

MEDICAL HISTORY: No known h/o systemic diseases/ surgery. Not on any systemic medications or supplements.

BIRTH HISTORY: Full Term Baby, C-section, Birth Weight: 3.20kg.

PREGNANCY : No complications during pregnancy

FAMILY HISTORY: Father is a Low Myopia, No any other ocular or systemic family history.



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Clinical Findings:

VA AIDED (Distance) @ 6M
RE : 6/12 (PH: 6/9)
LE : 6/12 (PH: 6/9)

VA AIDED (Near) @ 40 cm
RE : N5 **LE** : N5

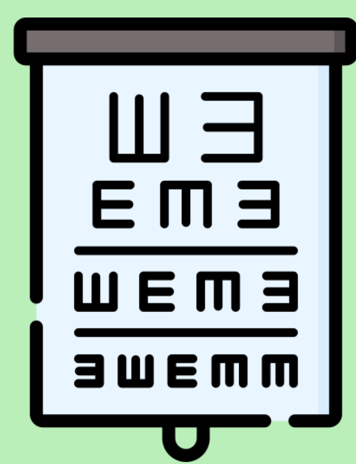
CURRENT RX
RE : PL/-2.00 X 15 (6/9)
LE: PL/-2.00X 170 (6/9)

SUBJECTIVE REFRACTION

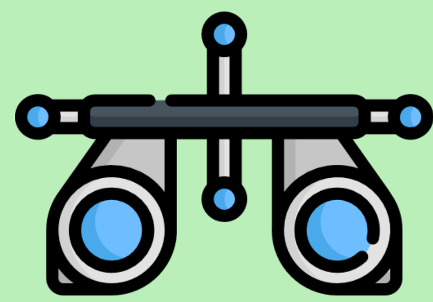
RE : -0.25/-2.75 X 10 (6/6)

LE :-0.25/-3.00 X 165 (6/6)

MEM
RE: +0.25 D
LE: PL



STEREOPSIS (Aided):
25 Sec of ARC



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Clinical Findings:

Cover Test: Alternating Exotropia

Prism Cover Test (Aided):

>6M: Manifest Alt XT 20-30 Pd,

No Control, Poor Recovery

6M: Manifest Alt XT 20-25 Pd,

No Control, Poor Recovery

1/3M: Manifest Alt 20-35 Pd,

No Control, Poor Recovery

EOM

BE Inferior Oblique Overaction +1,

V PATTERN XT

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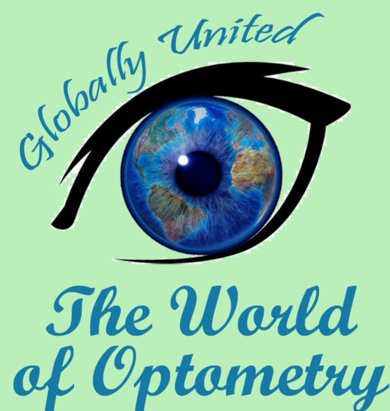
Diagnosis

DECOMPENSATED ALT EXOTROPIA (BASIC TYPE) & HIGH ASTIGMATISM



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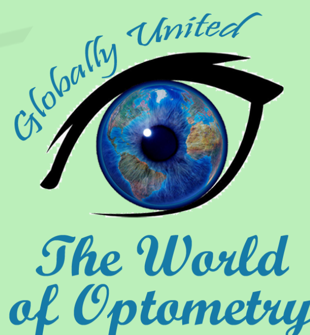
Management/Treatment

- Prescribe new rx with full correction as there are significant changes between current rx and patient's prescription.

- Pencil push-up therapy 5 Min Bd
- Brock String exercise 5 Min Bd
- TCA 3/12 review in Orthoptic exercise



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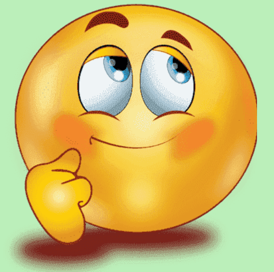
Discussion



Exotropia is an outward deviation of the eye.

Classification of exotropia

Intermittent:

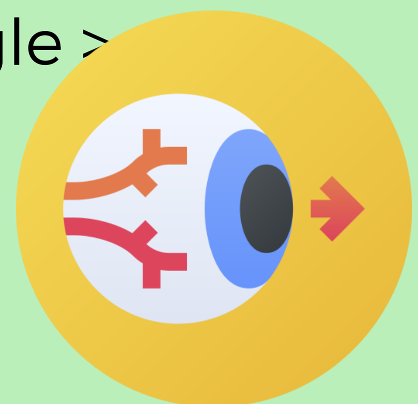
1) ***Distant (divergence excess), normal AC/A ratio***

Manifest in distance & an exophoria is present for near, further subdivided into:

- True divergence excess, distant angle > near angle
- Pseudodivergence excess, underlying angle distant & near same, but angle for near measure less.

2) ***Near; (convergence weakness), low AC/A ratio***

Often with diplopia & exophoria for distant, near angle > distant angle



3) ***Non-specific: Manifest exotropia for near & distant, angle distance = angle near***

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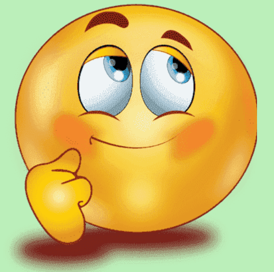
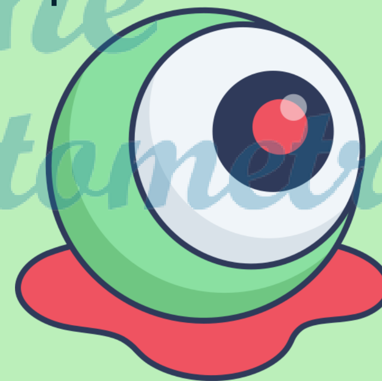


Constant:

1) ***Early onset;*** Present from early life, usually alternating & may be unilateral, constant large angle near & distance, may develop DVD.
2) ***Decompensated intermittent exotropia***

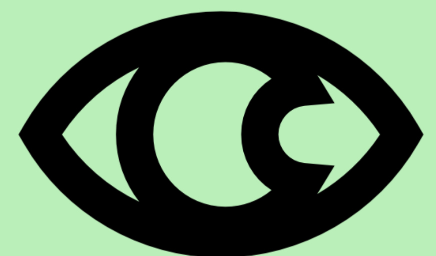
Secondary exotropia is a Divergent squint that develop due to reduced in VA in diverging eye.

1) Early onset
2) Late onset



Consecutive exotropia is a Divergent squint that occurs in a patient who previously had an esotropia, gradual onset or can be immediate postoperative period.

1***) Spontaneous***
2) Postoperative



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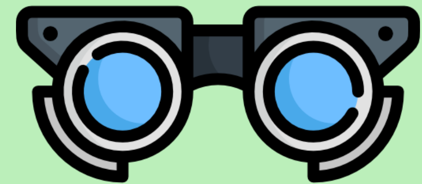
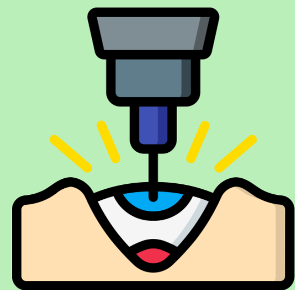
Treatment Options



- Optical Treatment (Refractive Error Correction)
- Orthoptic Exercises
- Surgical Treatment

Did You Know

- Exotropia is common and treatable
- More efficient when diagnosed and corrected at a young age
- By about 4 months of age, the eyes should be aligned and able to focus.
- If you notice misalignment after this point, have it checked out by an eye doctor.
- Experts note that untreated exotropia tends to get worse over time and will rarely spontaneously improve.



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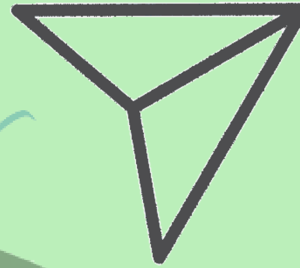

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