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Bilateral mediail rectii recessions as a Surgical Modality for bilateral alternating Infantile Esotropia in cases of 6 months old male twins

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Squint also termed as strabismus is a common ocular disorder characterized by abnormal ocular deviation. Loss of normal ocular parallelism with paucity of binocular vision which has 3 stages simultaneous perception, simultaneous fusion and stereopsis as main aim. Of squint management is not only to correct abnormal ocular deviation but also to ensure normal status of vision as much as possible. For this early and prompt management by the squint expert is very important. In the past in underdeveloped Asian countries squint was thought to be a kind of stigma so no timely management was undertaken till the eye would become lazy or amblyopic and at that stage treatment was only cosmetic. However with better education and awareness and recent subspecialties in ophthalmology we have squint experts. The prognosis of squint is better and satisfactory. It is also important for every parent to seek the advice of squint expert if they observe any abnormal ocular deviations in their children. In every case of squint assessment of vision, mydriatic refraction and fundus examination is important since there are few ocular conditions which present as squint like retinoblastoma and Coats disease. Squint can be comitant or comitant accommodative, non-accommodative, paralytic or non-paralytic. Presentation of squint can be esotropic, exotropic, hypotropic, hypertropic, heterophoria, pseudosquint, cyclophoria, orthophoria, microtropia, paralytic squint, presentation, impairment of ocular movements, diminution of vision, diplopia. Primary angle of deviation is greater than secondary deviation. False irritation, false perception, abnormal head tilt, ocular torticollis, turning the head towards the direction of action of paralyzed muscle, vertigo. Bilateral alternating infantile esotropia presents as crossed fixation, uncrossed fixation, broad angle, A pattern. Covering the dominant eye will make the child cry. Abuse of playing games by children on mobile phones. Children in age groups of 5 to 7 years playing mobile games for a long time present as eye ache, eye strain, head change in behavior, irritability, fainting, vertigo, abdominal pain, delayed milestones, blurred vision, diplopia. Squint even epileptic like attacks so it is important for parents to monitor their children not to abuse mobile games.

Key Words: Esotropia, Exotropia, Hypertropia, Hypotropia, Heterophoria, Pseudosquint, Cyclophoria, Microtropia, Orthophoria