بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

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جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

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A COMPARATIVE STUDY BETWEEN GRADED RECESSION AND DISTAL MYECTOMY IN MANAGEMENT OF PRIMARY INFERIOR OBLIQUE OVERACTION

Thesis

Submitted in Partial Fulfillment of the M.D. Degree in Ophthalmology

By

Moataz Essam Gheith
M.B.B.Ch., M.Sc. Ophthalmology,
Cairo University

Supervised By

Prof. Dr. Beshr A. A. Kenawy
Professor of Ophthalmology
Faculty of Medicine, Cairo University

Prof. Dr. Mohamed Ahmed El-Matarawy
Professor of Ophthalmology
Research Institute of Ophthalmology

Dr. Hala Mostafa Elhilali
Assistant Professor of Ophthalmology
Faculty of Medicine, Cairo University

Faculty of Medicine
Cairo University
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في جراحة العيم

تحت عنوان : باللغة الانجليزية : A Comparative study between graded recession and distal myectomy in management of primary inferior oblique overaction

: باللغة العربية : دراسة مقارنة بين الإرجاع المدرج والاستئصال البعيد لكلف العضلة المائلة السفلية الأولية

بناء على موافقة الجامعة بتاريخ ٢٨/ ٧ / ١٩٩٣ تم تشكيل لجنة الفحص والمناقشة للرسالة المذكورة أعلاه على النحو التالي :-

١) أ.د. محمد أحمد خليفة عن المشرفين
٢) أ.د. محمد أحمد الدري مشرف داخلي
٣) أ.د. عبد الستار مصطفى ممتحن خارجي

وبعد فحص الرسالة بواسطة كل عضو منفردا وكتابة تقارير منفردة لكل منهم إنعقدت اللجنة مجتمعة في يوم السبت بتاريخ ١٤ / ٤ / ١٩٩٣ بمقر مدرج كلية الطب - جامعة القاهرة وذلك لمناقشة الطالب في جلسة علنية في موضوع الرسالة والنتائج التي توصل إليها وكذلك الأسس العلمية التي قام عليها البحث .

قرار اللجنة : قبلت الرسالة بمرتبة الشرف وبوصية الطالب بالاستمرار في الدراسة

توقيعات أعضاء اللجنة :-

المشرف الممتحن	الممتحن الداخلي	الممتحن الخارجي
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(ص م)

ABSTRACT

Overaction of the inferior oblique muscle may be primary or secondary to superior oblique palsy.

Primary inferior oblique overaction most commonly occurs in association with congenital esotropia. It can also be associated with exotropia both intermittent and constant, or may occur as an isolated inferior oblique overaction without other strabismus.

Signs of inferior oblique overaction include an upshoot of the adducting eye when the patient makes a version movement laterally. There is also abduction in upgaze producing a V-pattern. Most cases of primary inferior oblique overaction are bilateral but may be asymmetric.

Patients and Methods: This study comprised forty cases of primary inferior oblique overaction in conjunction with esotropia. Patients were randomly divided into two groups:

Group I:

Twenty patients were included who underwent bimedial recessions for esotropia in conjunction with inferior oblique recession according to severity of overaction:

i.e. +2 inferior oblique overaction underwent 10 mm recession, whereas +3 and +4 overaction had recessions of 14 mm.

Group II:

Twenty patients were included who underwent distal myectomy of the inferior oblique in addition to bimedial recession for esotropia.

Results: Normalization of the action of the inferior oblique muscle was achieved in 88.5% of eyes in the recession group and 91.2% of eyes in the myectomy group after 6 months of follow up, i.e the difference in the success rate between the two groups was insignificant (P>0.05).

Conclusion: Inferior oblique graded recessions and inferior oblique distal myectomies are both effective in overcoming inferior oblique overaction. The advantages of myectomy over recession of the inferior oblique are that it is significantly shorter, technically easier and without risk of perforation or other damage to the sclera underlying the muscle. On the other hand, Inferior oblique recession has the advantage of maintaining control over the inferior oblique insertion allowing reliable reoperation for anteriorization to treat DVD if it occurs later on.

Keyword: Primary inferior oblique overaction-graded recession-distal myectomy.

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CONTENTS