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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

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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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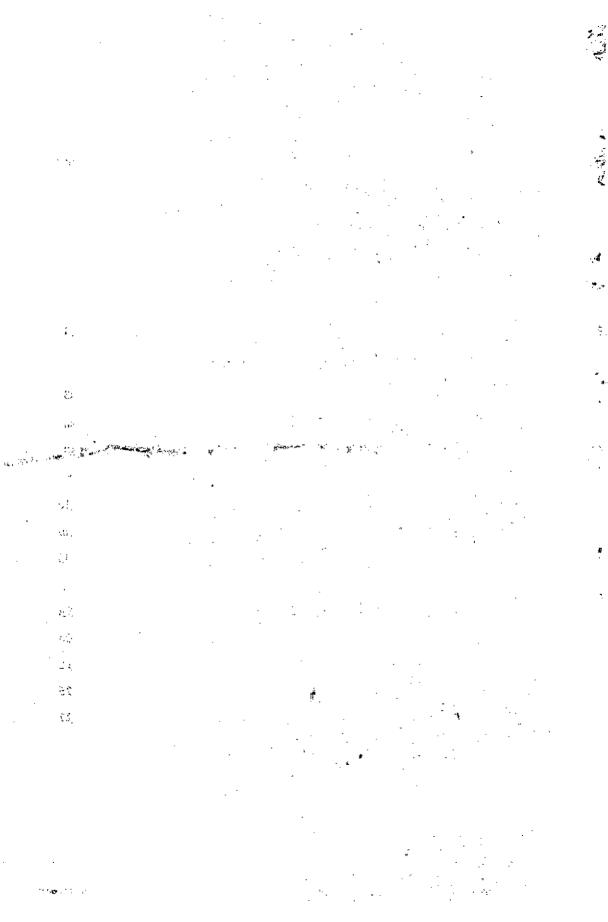
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CONTENTS

	Page	
List of Figures		
List of Tables		
List of Charts		
List of Abbreviations		
Introduction and Aim of the Work	1	
Review of Literature:		
❖ Anatomy of the inferior oblique muscle:	3	
 Inferior oblique overaction 	6	
- Clinical features of inferior oblique muscle overaction	8	
- V-pattern	9	
- Dissociated vertical deviation	15	
 Diagnosis and evaluation of inferior oblique overaction 	19	
- Ductions and versions	20	
- Quantitation of inferior oblique overaction	21	
- Prism-Alternate cover test	22	
- Measurement of cyclodeviations	23	
- Ophthalmoscopy and pudus photography		
- Head tilt test	25	
- Diagnosis of V-nattern	27	

	Page
❖ Inferior Oblique Weakening Procedures	28
→ Indications for surgery	28
- Recession of the inferior oblique	28
- Inferior oblique anteriorization	35
- Graded recession-anteriorization procedure	36
- Inferior oblique myotomy or myectomy	37
- Extirpation/denervation of the inferior oblique muscle	39
- Disinsertion of the inferior oblique muscle	40
- Antero-equatorial segmental myopexy for inferior oblique muscle overaction	41
- Complications of inferior oblique weakening procedures	41
Subjects and Methods	43
Results	57
Discussion	76
Conclusion	86
Summary	87
References	89
Arabic summary	

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