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بالرسالة صفحات
لم ترد بالأصل

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

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B O E N S

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محضر

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توطئة للحصول على درجة الماجستير / الدكتوراه
في طب جراحة العيون

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تحت عنوان : باللغة الانجليزية : A Comparative study between graded
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Primary inferior oblique overaction

: باللغة العربية : دراسة مقارنة بين الإرجاع المرحلي والاختزال

العضلة الكائنة للزيادة الوظيفية الأولية للعضلة المائلة الأعلى

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بكلية الطب - جامعة القاهرة وذلك لانتعقدت الطالب في جلسة علمية في موضوع الرسالة والنتائج التي توصل
إليها وكذلك الأهمية العلمية التي قام عليها البحث .

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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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