

المؤتمر السنوي الدولي للجمعية الرمدية المصرية
INTERNATIONAL CONGRESS OF THE
EGYPTIAN OPHTHALMOLOGICAL SOCIETY
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Expect the unexpected

Dina Elfayoumi, MD
Professor of ophthalmology,
Cairo University



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Post traumatic strabismus

- 17year-old young boy
- Motorcycle accident 3 years ago
- Coma for 3 months
- Previous history of orbital surgery
- Previous history of squint surgery OD
- No surgical records of his operations
- Asking for cosmetic surgery



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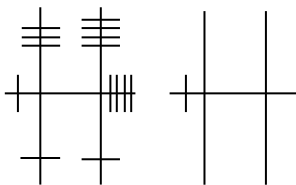
Examination

- Right complete ptosis
- Right XT 35-40 PD
- Right HoT 25 PD
- BCVA: 1/60 OD 3/60 OS
- Fundus: bilateral pale ONH. (?? Traumatic optic neuropathy or orbit compartment syndrome)

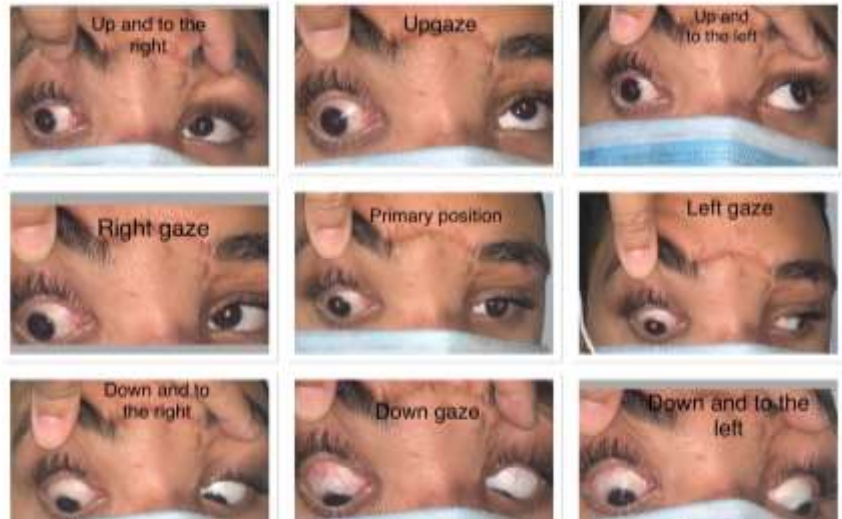


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Preoperative



XT 30 HoT 30	XT 45 HoT 35	XT 45 HoT 35
XT 30 HoT 25	XT 35 HoT 20	XT 40 HT 35
XT 15	XT 8 HT 10	XT 25



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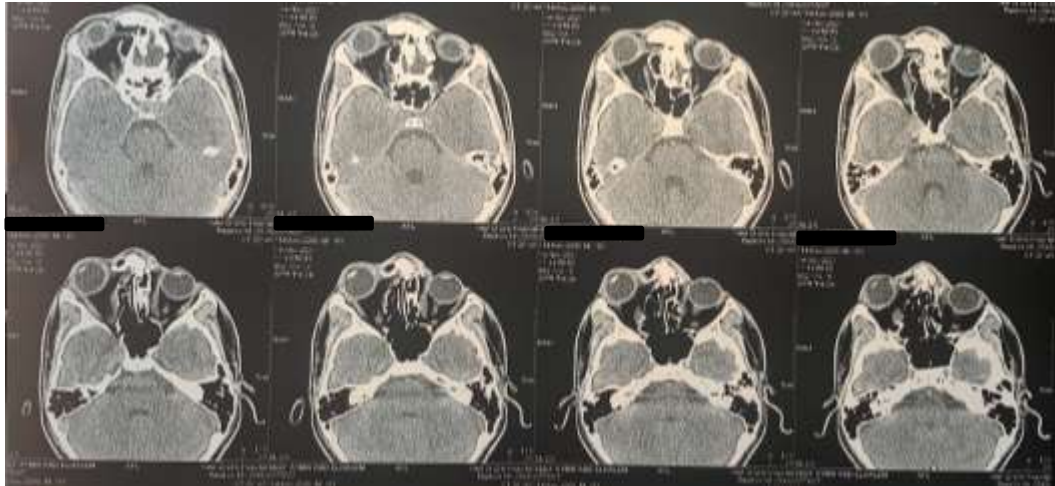
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Imaging



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Medial rectus torn or incarcerated?



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Decision

- Try to explore the right medial rectus muscle
- Best expectations were:
 - Find the medial rectus and reattach it if torn
 - Explore the lateral rectus for maximum recession/re-recession

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Intraoperative

- FDT (POSITIVE FOR THE 4 RECTI)
- EXPLORATION OF THE 4 RECTI



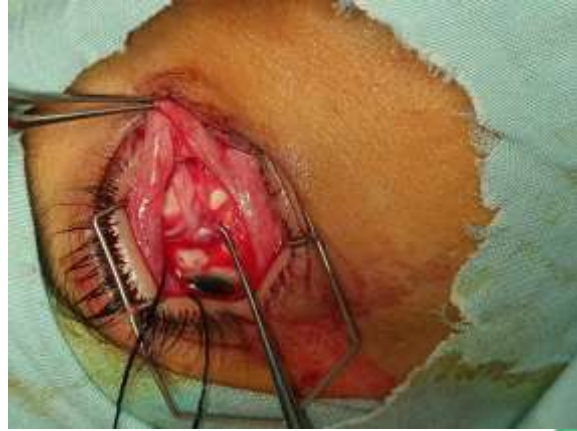
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Superior rectus



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Medial rectus



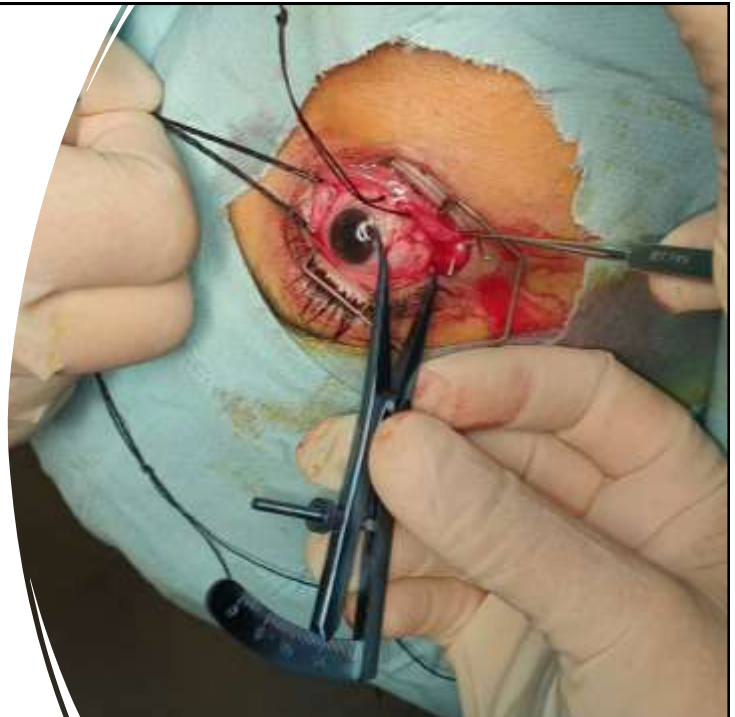
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Lateral rectus

- Lateral rectus was very weak
- Was found 16mm from limbus
- RE-Recession of 4 mm more



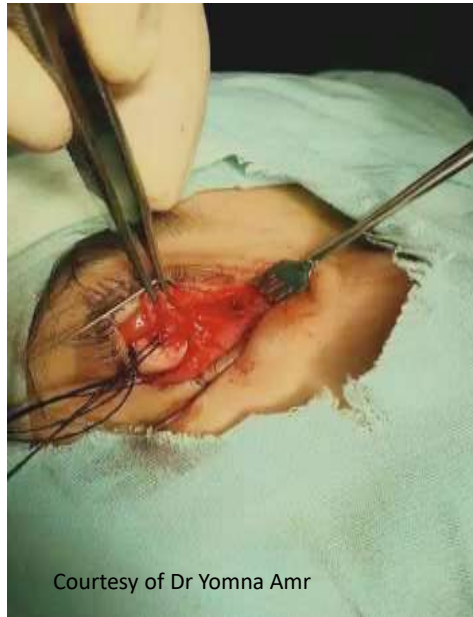
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Medial rectus release from entrapment (Transconjunctival medial orbitotomy)



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- ❖ Freeing the right medial rectus from medial wall fracture
- ❖ Cautiously not to cut it.
- ❖ FDT improved
- ❖ MR resection of 8 mm was performed.



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BY THE END OF THE SURGERY



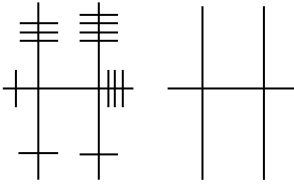
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Unexpectedly!



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Postoperative



XT 15 HoT 30	XT 20 HoT 35	XT 20 HoT 35
XT 10 HoT 25	XT 15 HoT 20	XT 20 HoT 30
XT 15 HT 8	XT 15 HT 8	XT 20

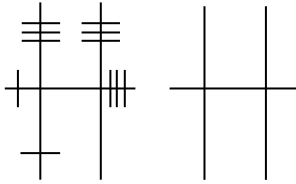


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- ❖ 1 month later a second surgery was planned to improve the hypotropia
- ❖ Superior rectus resection Vs inferior rectus recession
- ❖ Superior rectus recession seemed not a good option despite that hypotropia worsened in the upgaze.
- ❖ Inferior rectus was recessed 7mm aiming to correct around 20 PD HoT

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Postoperative



XT 15 HoT 15	XT 15 HoT 15	XT 15 HoT 10
XT 10 HoT10	XT 12 HoT 6	XT 15 HoT 8
XT 15 HT 8	XT 12	XT 15



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What was unexpected in such case?

Expected torn or avulsed medial rectus muscle turned out to be incarcerated in a medial wall orbital fracture.

Entrapped muscle can be wisely released with the help of oculoplastic surgeon. (the sooner the better)

Although medial rectus was entrapped in a medial wall fracture the patient was not enophthalmic

Never lose hope in a muscle even after long time of injury.

The more damaged bony orbit was associated with the less injured EOMs.

Severe trauma in the absence of open globe injury can cause also permanent visual loss.

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Acceptable can be sometimes
optimum!



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Thank you for
your
kind attention !



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