المؤتمر السنوي الدولي للجمعية المصرية
INTERNATIONAL CONGRESS OF THE
EGYPTIAN OPHTHALMOLOGICAL SOCIETY
EOS 2023

Atypical management for Atypical congenital fibrosis

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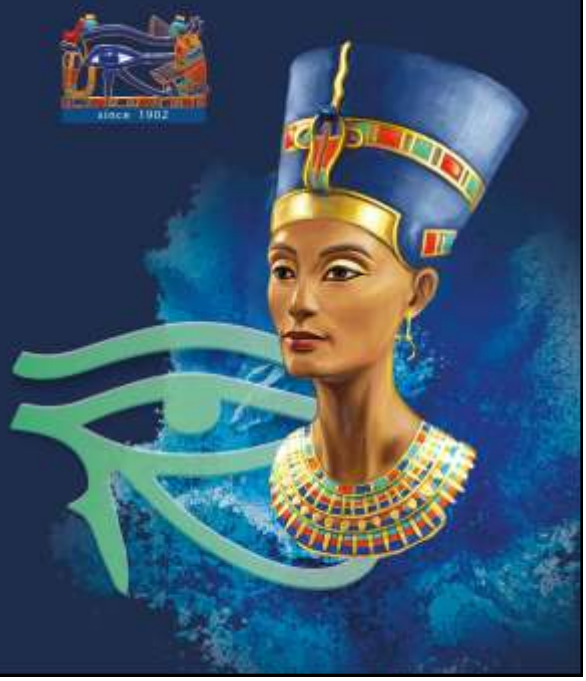

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Congenital Fibrosis of EOM

- Traditionally; it has been considered primary ms disorder, recently it has been suggested to be of neurogenic origin.
- As congenital loss of innervation is assoc. é 2ry ms changes.
- Some pattern of CFEOM with retraction of the globe on adduction diagnosed as Duane's syndrome.
- Other patterns suggested supra-nuclear origin.
- Also, patterns of CFEOM assoc. é nystagmus indicated central ocular motor disturnace.
- Hence; the possibility of brain malformation

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Congenital cranial dysinnervation disorder CCDD
Or
Congenital innervation dysgenesis syndrome CID

It is a no. of syndromes chch by congenital limitation of motility due to aberrant innervation of ocular & facial ms

- Duane Retraction Syndrome
- Brown Syndrome
- Monocular elevation deficit
- Congenital Fibrosis of EOM
- Mobius Syndrome
- Marcus Gunn Jaw-winking Syndrome

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Lid retraction
Convergence retraction
LT ptosis
RT limited abduction
Bone deformty

4

Congenital Fibrosis of EOM

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CCDD

RT ptosis é RT head tilt and LT face turn.

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Rt narrowing of palpebral fissure on adduction
Rt ptosis





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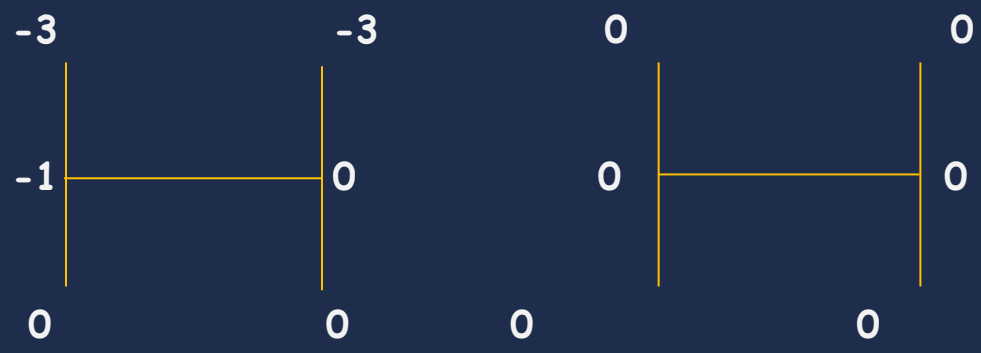
Cover test and ocular motility



XT 30 Δ D, Right Hypo 14 Δ D, RT suppression

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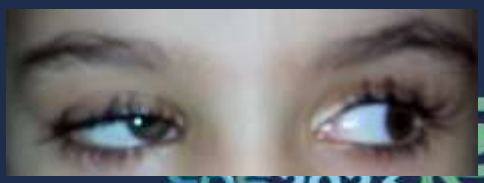
Management

- FDT test +ve
- RT IR recession 5 mm
- RT LR recession 8mm é Y-splitting



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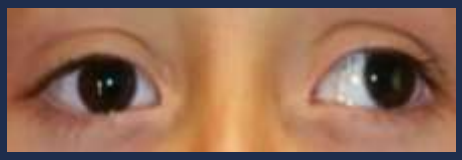
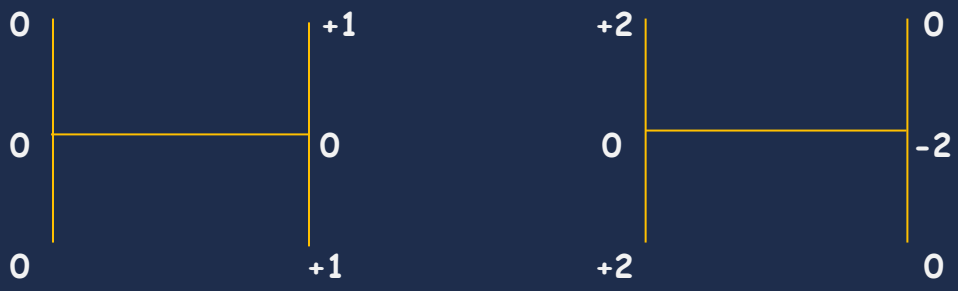
2 Left duane type 1 é XT





XT 20 Δ D

Right face turn. VA 0.7 OU

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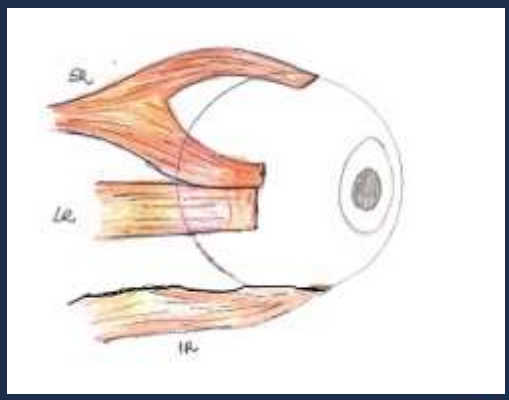
Management

- BLR recession 8mm
- LT SR (½ tendon) transposition laterally with brook's and wright's modification.



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Post-operative





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3 Congenital fibrosis

After previous operation BMR; RT 8mm & LT 5mm
The pt presented é Right ET 60 Δ D é krimiski
RT hypotropia
0.2 VA 0.9


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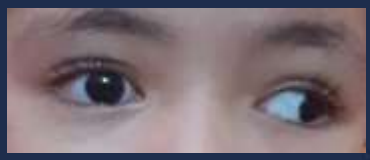
Management

- FDT test +ve
- RT MR re-recession
- RT IR recession 4mm (½ tendon) é IR (½ tendon) transposition laterally with brook's and wright's modification.



Reduction of glasses with VA 0.9 OU

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4 Monocular elevation deficit

RT ptosis é hypotropia and limited elevation & XT 20 Δ D. 0.4 é -4.75D (VA) 0.9 unaided

True ptosis in 50 to 60%

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Monocular elevation deficit

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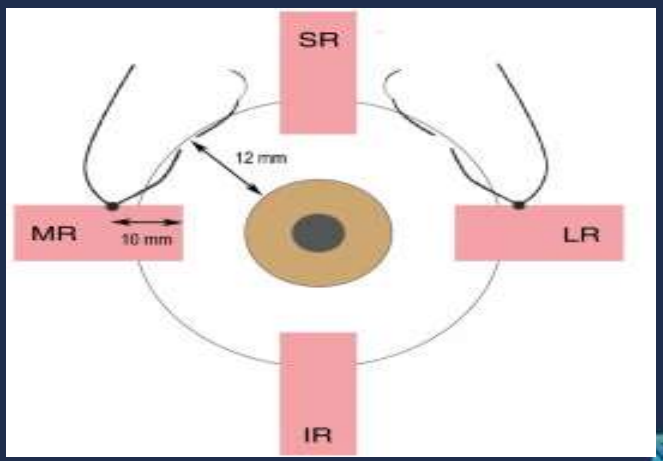
Management

- FDT –ve
- Rt LR recession 7 mm é modified Nishida



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Pre-operative

Post-operative

Post-operative

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Lesson learned

- Individualization of each case is necessary for proper management.
- Lateral transposition of vertical ms é modified hummelsheim help in improving abduction. (after FDT become -ve)
- Modified Nishida procedure is highly effective

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THANK YOU
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