

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Paralytic ?? Strabismus

By

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ESA (European Strabismological Association)

EPOS (European Pediatric Ophthalmological Society)

EGPES (Egyptian Group of Pediatric Eyes Surgeons)

10m old boy,
Lt Exo No add, up nor down +Ptosis (Sling Op)



10m old boy, Polydactyly in both hands
Lt Exo No add, up nor down +Ptosis (Sling Op)



Diagnosis

Cong. Lt 3rd NP??

?? Syndrome ??

Lt Ptosis treated by Sling Op 2m ago

Management

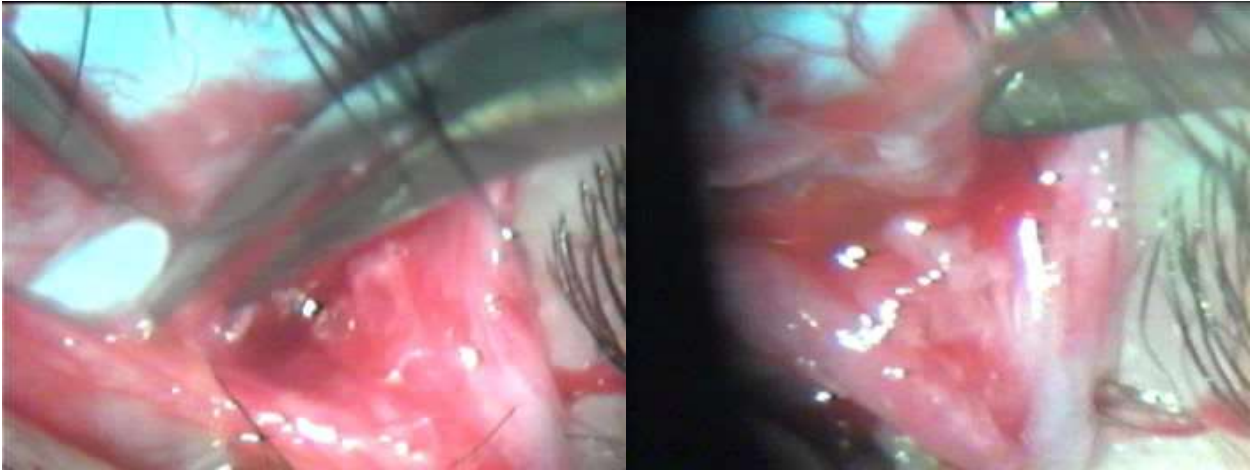
Surgery

Exo Lt LR rec + MR tucking
& SO transposition

Sever restriction on adduction FDT



Very thin tight LR



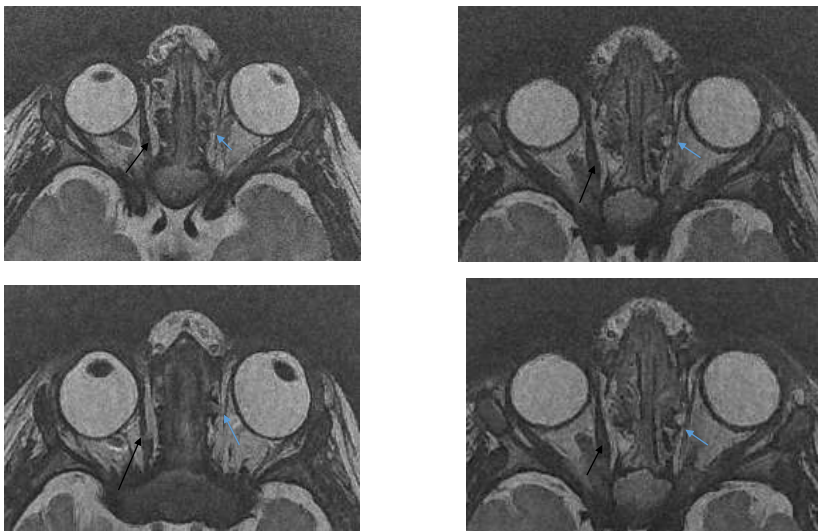
CT brain & orbit



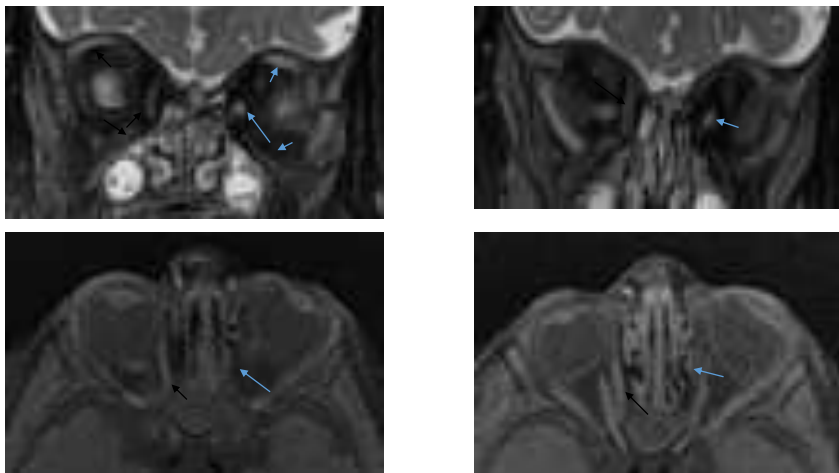
MRI orbit



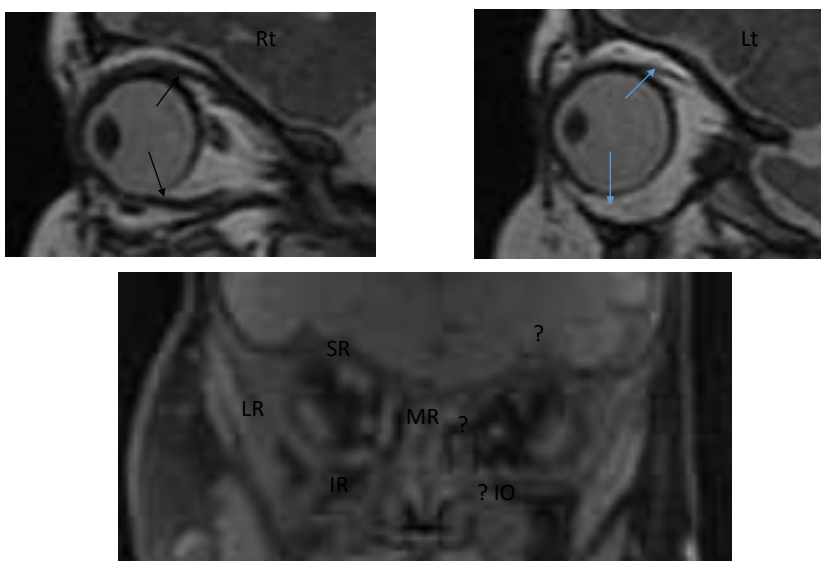
MRI Orbit



MRI Orbit



MRI Orbit



MRI report

المستشفى العام - العين - العين
قسم الأشعة للتصوير
بمقره من العيادات العامة

NAME: CHAD / Ali Alshamrani Shehawi.
DATE: 07-12-2015.

REPORT

Dear colleague:

MRI OF THE ORBIT:
The study was performed on a 1.5 Tesla open scanning system.
Variable MR sequences were taken.

Findings:

- Atrophied left superior, medial & inferior rectus muscles, with normal size and appearance of the left lateral rectus muscle, with consequent lateral rotation of the eye ball.
- Normal size and shape of both orbital sinuses.
- Normal configuration of both eye globes with no MR evidence of internal globe space occupying lesions.
- Preserved extra-ocular fat.
- Normal MR appearance of optic nerves and optic chiasm bilaterally.

Conclusion:

- Congenital atrophy of the left superior, medial & inferior recti.

MAYY CHALJED
Dr / SA. El-Saboury MSc. Dr / Bassem Kasaf MD

Findings:

- Atrophied left superior, medial & inferior rectus muscles, with normal size and appearance of the left lateral rectus muscle, with consequent lateral rotation of the eye ball.

Opinion:-

- Congenital atrophy of the left superior, medial & inferior recti.

Diagnosis

Congenital atrophy of Lt M, I, S Rectii

Management

Fixation Surgery

Intra-Operative

On table we found the Lt MR as thin white atrophic sheet very friable which tend to rupture during suturing, also starting spontaneous rupture on hooking the muscle.

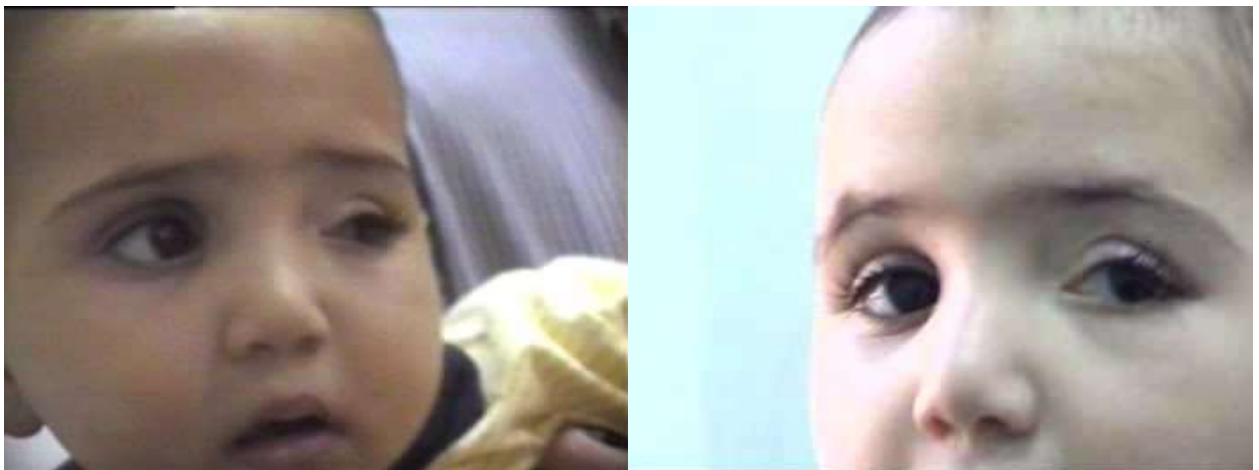
We change towards tucking of Lt MR instead of resection. But the sutures start to slip & the muscle return slightly back again!!

We did fixation of the Lt globe near the 1ry position, but also the periostium is friable & we fixed it to the sclera infront of the MR insertion.

Post-Operative

2 months

4 months



Post-Operative

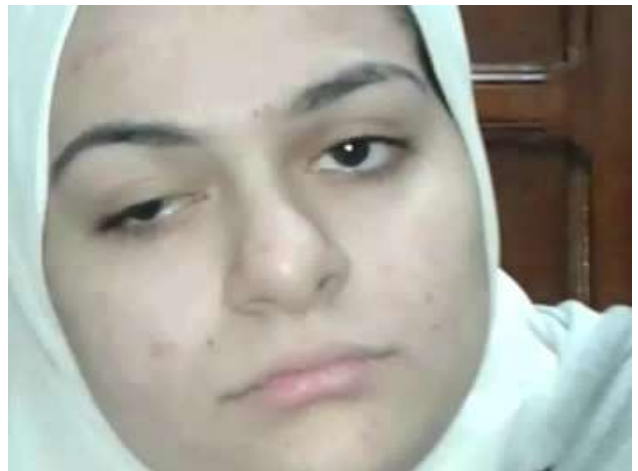
4 years



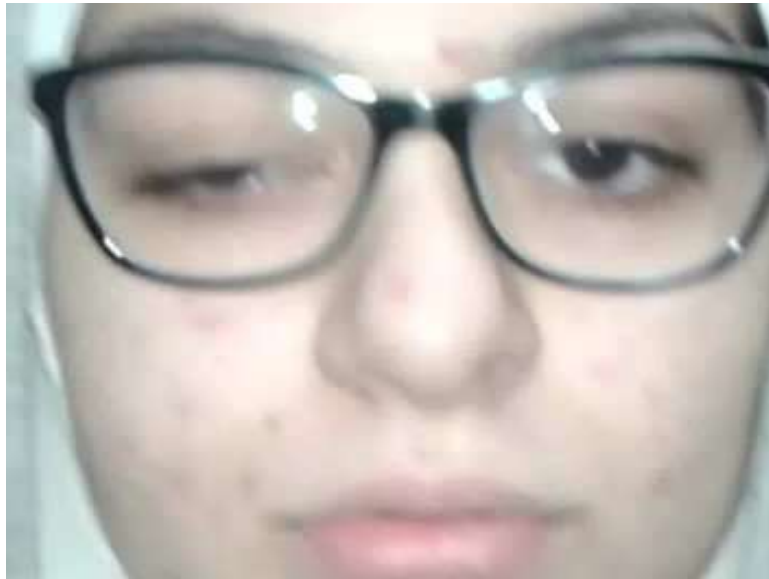
13 years



17y old girl. Head trauma car accident 1.5y ago
Brain Insult lt side. Bil. Normal Fundi. VA:6/18 & 6/12
BCVA:6/9 & 6/6 Rt:000-1.50/15 Lt:-1.25-1.25/165



(1m + GI)



Diagnosis

Traumatic Rt 3rd NP??

Delayed Aberrant Regeneration of Rt 3rdNP

Management

Surgery

Exo ?? / Muscles transpositions

Or Wait more time??

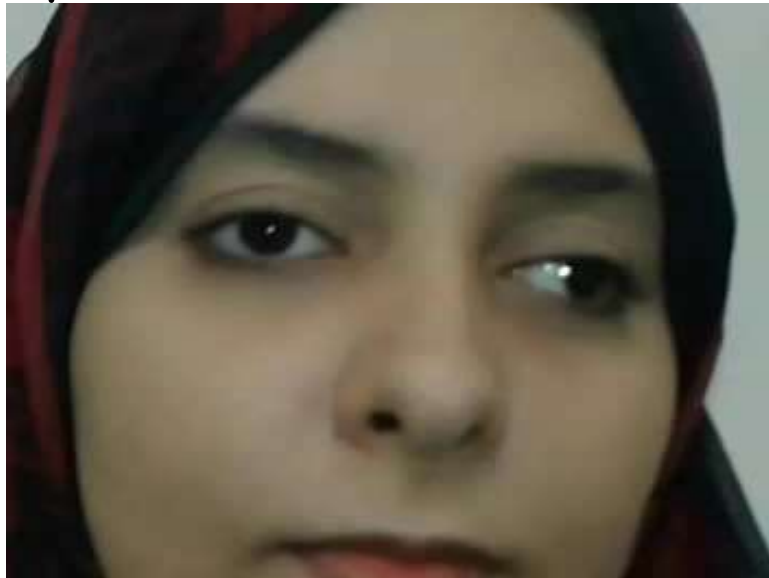
Post Rt-Op (M & L recti + Levator)

4 weeks

8 weeks



24y old female, VA:6/9 & 6/12



Diagnosis

Not 3rd NP??

Bil. No Adduction Up & Down gazes

CEOMFS

Management

Cosmetic Surgery

Exo ?? Bil. Recession Resection

To be ortho in 1ry position

2y old girl, Ref.cyclo.:+5.00 OU



Diagnosis

Not Lt 3rd NP?? MRI orbit NAD
 No Adduction Up & Down gazes, No Ptosis
CCDD or ???

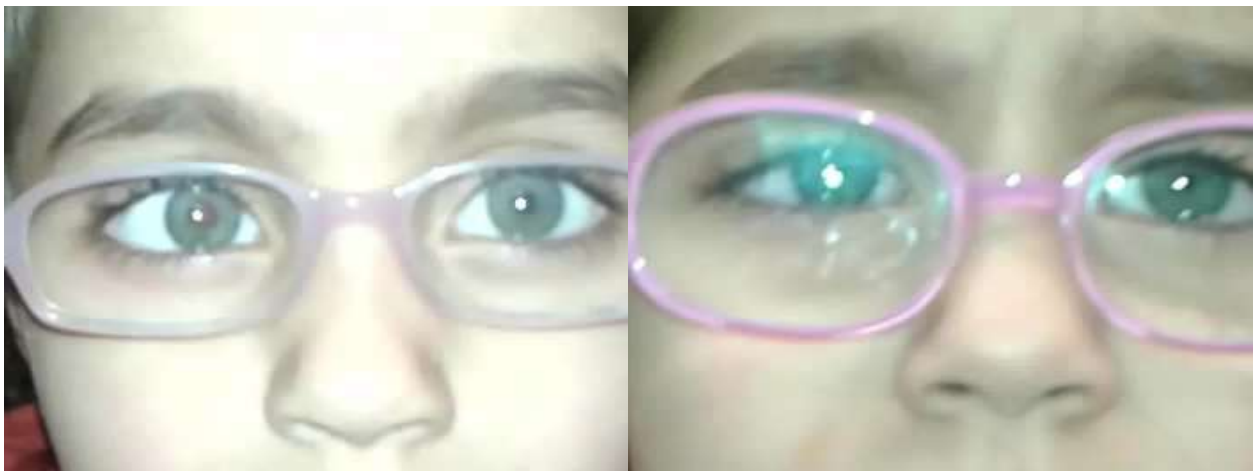
Management

Cosmetic Surgery
 Exo ?? Recession Resection
 To be ortho in 1ry position ???
 At this age ???

4.5y old girl. Esotropia

Her GI:+3.00+0.50/90

1m + NGL:+4.00+0.50/90



4.5y old girl. Esotropia Post-Op

2 weeks

2 years



4.5y old girl. Esotropia Post-Op

2.3y Post-Op. Lt HT 4th NP??

2w Rt side neck burn & dressing

1m healed neck burn



Diagnosis

*Partially Accommodative Esotropia
Operated now Fully accommodative ET
Head tilt & face turn due to neck burn
Not Lt 4th NP*

Management

**No ocular Surgery is needed
Wait for burn healing**

10y old boy. Encephalitis 11months ago
Bil. Semi-Dilated sluggish reactive pupil. Bil. Post Papillitis Optic atrophy??
VA:6/12 & 6/12 BCVA:6/12 & 6/12 Rt:000-0.50/70 Lt:000-0.75/110



Diagnosis

**Post Encephalitic Bil (Lt) 6th NP
Residual Lt Esotropia**

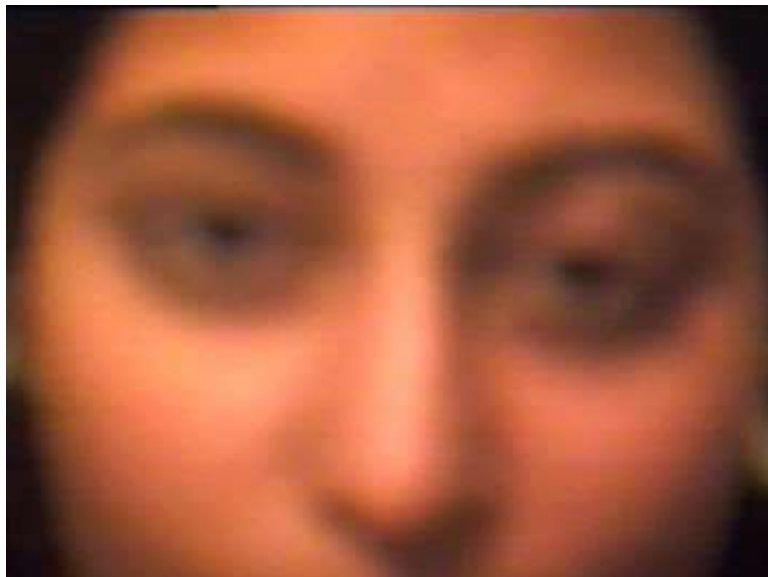
Management

Surgery

Lt Eso ??

Muscles transpositions as 6th NP

29y old female, painless Lt upper lid swelling 1w,
Lt Ptosis Diplopia & proptosis 16/20mm.

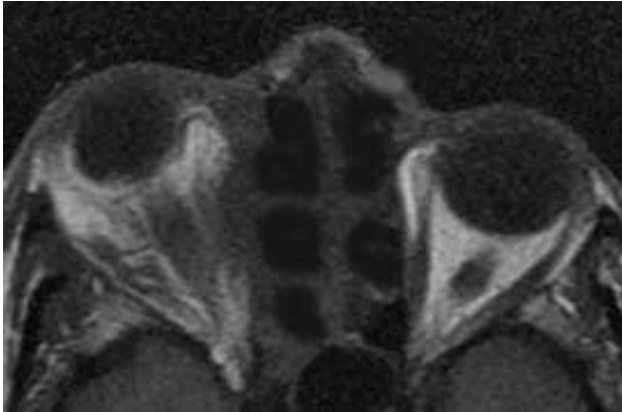


29y old female, painless Lt upper lid swelling 1w,
Lt Ptosis Diplopia & proptosis 16/20mm.

2 weeks + treatment

MRI Lt Intra-Orbital Pseudotumor

No diplopia, Proptosis 16/17



Diagnosis

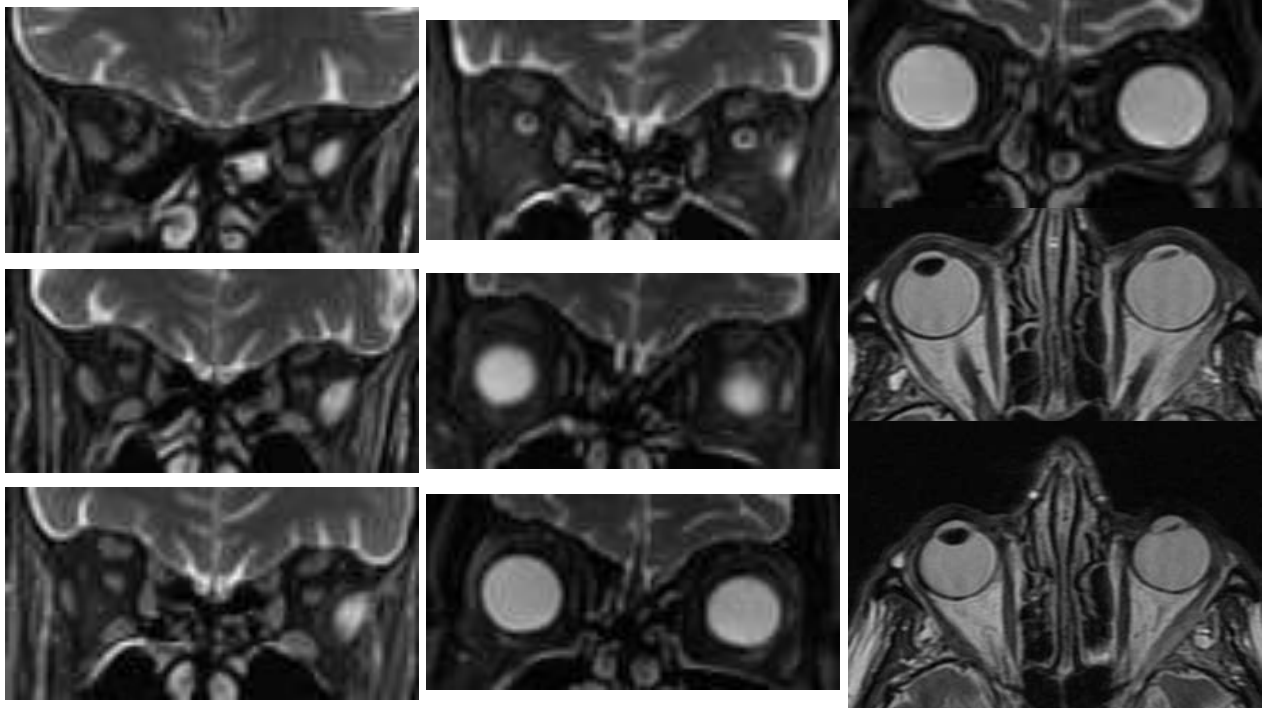
Lt 6th NP ??

Lt Intra-Orbital Pseudotumor

Management

Anti-Inflammatory treatments

65y old female, diplopia post LA Phaco



Diagnosis

**Post Encephalitic Bil (Lt) 6th NP
Residual Lt Esotropia**

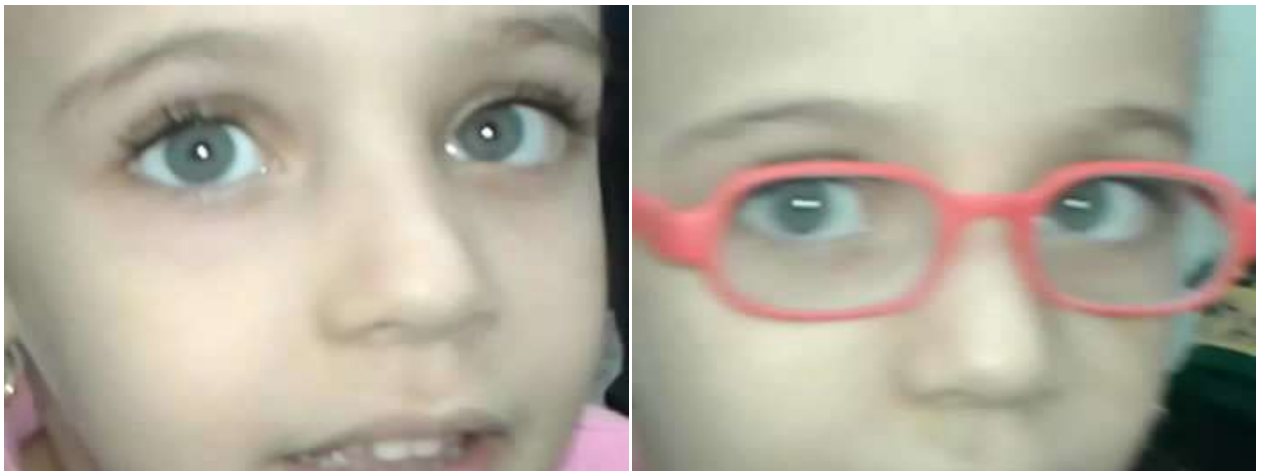
Management

Surgery

Lt Eso ??

Muscles transpositions as 6th NP

4y old girl. Limited Lt Abduction Since birth. Fundi NAD
Ref. cyclo. & Gl.:Rt:000-0.75/160 Lt:000-1.00/30



Diagnosis

Lt 6th ?? Cong. NP
Lt Esotropia & Face turn

Management

Surgery
Lt MR rec + LR tuck
+ Muscles transposition

FDT Intra-Op = tight Restricted MR



Post Lt MR freeing & Rec 5mm

2 weeks

2 months



Diagnosis

*Lt 6th ?? Cong. NP
Lt Ortho 1ry position*

Management

Surgery

**Lt muscles transpositions ??
+ve stereopsis & satisfied family**

2 years old girl, ref.:+6.50 OU



Diagnosis

Lt Cong. 6th NP ??
Eso Bil limited Abduction more Lt ??
Duane's t1

Management

Surgery
Rt muscles transpositions ??
Recession Resection ??

5 months old, ref.:+4.50+1.00/90 OU



Diagnosis

*Rt Cong. 6th NP ??
Rt Eso limited Abduction ??*

Management

Surgery
Rt muscles transpositions ??
Recession Resection ??
Wait ??

1.3y old (Preterm) Rt ROP s3 ref:+1.00



Diagnosis

Rt Cong. 6th NP ??
Rt Eso ecc. fixation (ROP S3)

Management

Surgery
Rt muscles transpositions ??
Follow-up & ttt of pathology

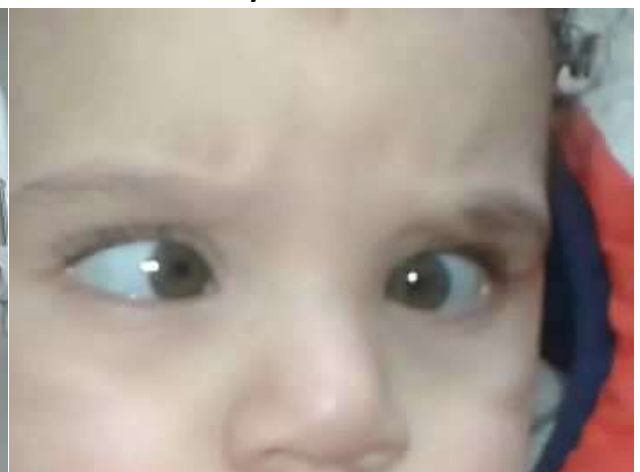
6m old boy, ref:+3.00



6m old boy, ref:+3.00

9 months old

1 year old



Diagnosis

Bil Cong. 6th NP ??

Ciancia Syndrome ??

Infantile Eso with bil. Limited abduction

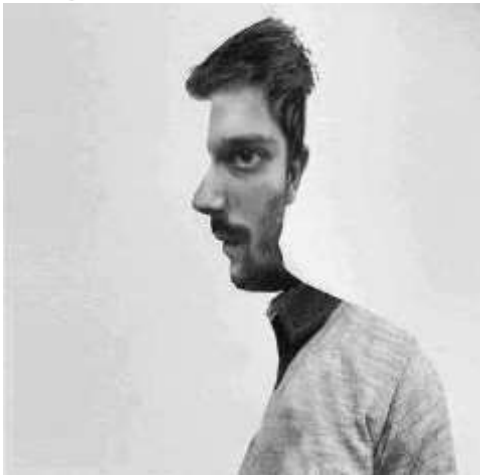
Management

Surgery

FDT

Many Thanks

**Is it the left half of the face
Or profile from left side ???**



**Is it the right half of the face
Or profile from right side ???**

