

Consecutive Exotropia Lost Medial Rectus

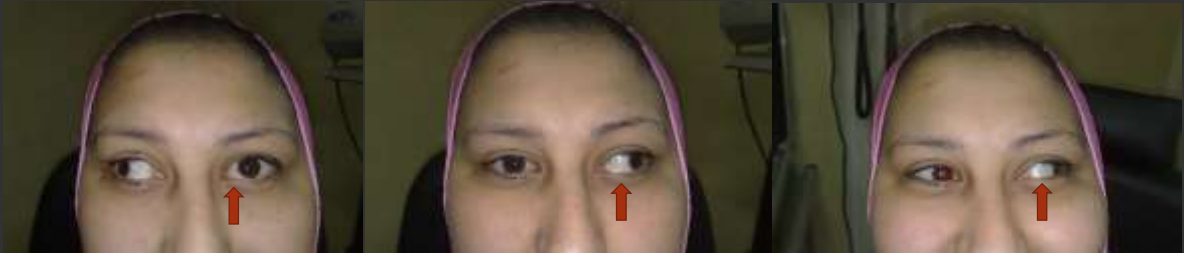
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Lost

Slipped

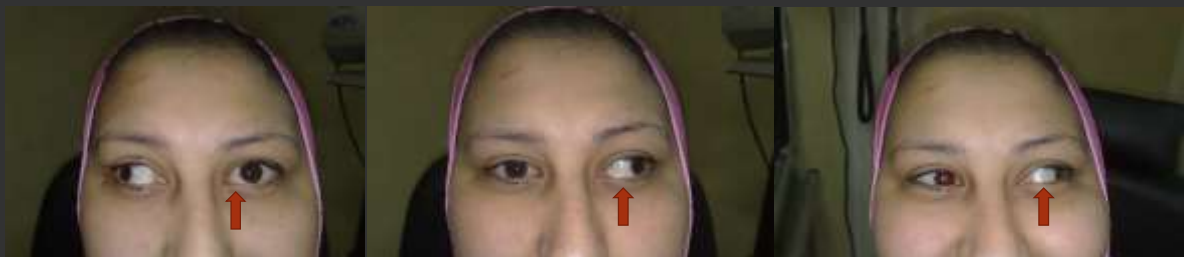




Lost left medial rectus

Causes of Lost Medial Rectus

- Complication of strabismus surgery



Lost left medial rectus

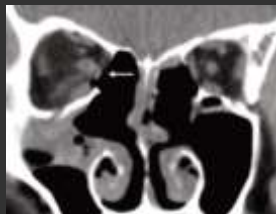
Causes of Lost Medial Rectus

- Complication of strabismus surgery
- Complication of other surgeries (ESS, pterygium)

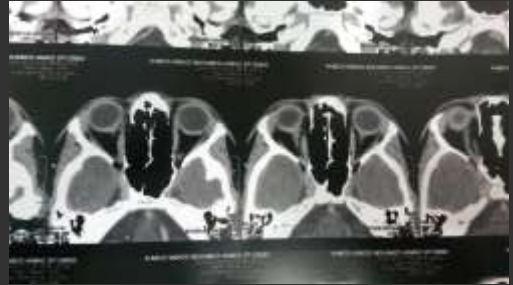


Causes of Lost Medial Rectus

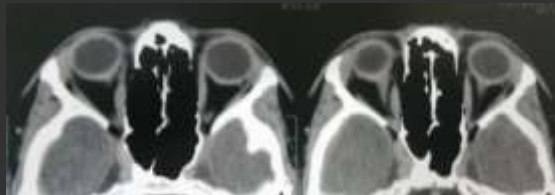
- Complication of strabismus surgery
- Complication of other surgeries (ESS, pterygium)
- Trauma



Presentation



The value of Imaging

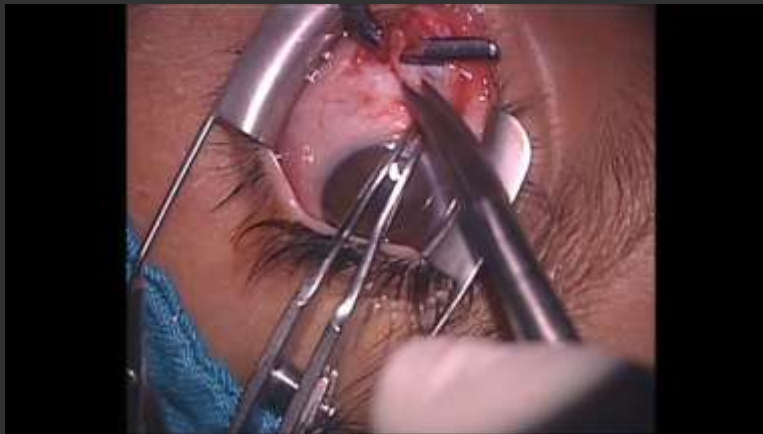




Prevention

- Strabismus







Prevention

- Strabismus
- Recurrent pterygium
- Retinal detachment

Management of Lost Medial Rectus

- Attempting retrieval
- Transposition if retrieval failed
- Don't forget the lateral rectus. It might be tight.

Retrieval of the lost Medial Rectus

- Methods
- What increases the chances of success?

Transposition on the lost MR

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ORIGINAL ARTICLE

Vertical Muscle Transposition with Augmentation for Treatment of Exotropia Caused by Iatrogenic Lost Medial Rectus Muscle

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ABSTRACT
 Purpose: To evaluate the results of vertical muscle transposition with augmentation in cases of exotropia caused by iatrogenic lost medial rectus muscle.
 Methods: This is a retrospective review of 3 cases of lost medial rectus with strabismic and marked inferior oblique that underwent surgery. All cases had a history of strabismic surgery on the muscle nerve and failed attempt at retrieval of the lost muscle.
 Results: This outcome fulfilled the criteria for transferability of muscle transposition with augmentation. Results were stable for all cases. Surgery led to a significant reduction of the angle of exotropia (25.5, 17.5, and 19.5 degrees) and improvement in abduction of TIOIA (degrees) (40, 25, and 30 degrees).
 Conclusions: Vertical muscle transposition with augmentation is a useful option to improve the strabismic and abduction deficits in patients with strabismic lost medial rectus muscle.

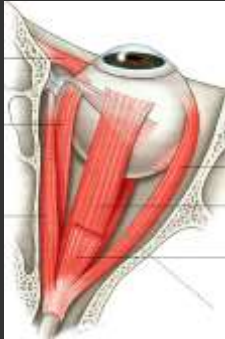
KEY WORDS
 Exotropia, Vertical muscle, Transposition, Augmentation, Strabismic, Exotropia, Exotropia, Exotropia

INTRODUCTION
 A lost muscle is one of the most daunting complications that a strabismic surgeon can face in the intraoperative period. A lost muscle can also result as a complication of strabismic surgery. A similar clinical picture has been reported after strabismic strabismic surgery as a result of inadvertent laceration of an extraocular muscle.^{1,2} However, a slipped muscle is a distinct entity from a lost muscle. A slipped muscle remains a portion of the muscle and/or capsule attached to the sclera. A lost muscle has no attachment to the globe. Frazier and Parks reported five (67%) of lost superior, inferior, and lateral rectus (LR) muscles were retrievable while only 10% of lost medial rectus (MR) muscle were retrievable.³ Mackensen et al. found that 88% of muscles that were cut and lost during strabismic surgery are within 10 mm, but escaped or transiently moved muscles are frequently found.⁴

permanence in total nerve ablation, thus limiting the ability of vertical muscle transposition in these cases. In case of marked limitation of abduction with fully functional vertical rectus, transposition of these muscles may be superior in achieving better stability. Lost MR due to strabismic strabismic surgery causes a large strabismic with an abduction, and usually spares the vertical axis. Several authors described transposition for this condition with or without augmentation lateral rectus (LR) resulting by insertion of horizontal rectus.^{5,6,7,8} regarding variable outcomes. In case of combined transposition and LR recession, the rate of anterior segment inclusion was reduced by visual evoked procedure in most cases.⁹ Our series focuses on the results of the transposition without simultaneous LR weakening.

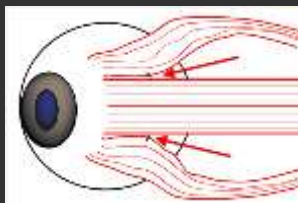
Methods
 This is a retrospective review of 3 cases of lost medial

Transposition on the lost MR



- Resect the transposed muscles

Transposition on the lost MR



- Resect the transposed muscles
- Use posterior augmentation sutures

Pre-operative



After
transposition +
resection +
augmentation



Thank you

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