

Squint causes types management and scenario of bilateral medial rectii recessions as a surgical modalities for bilateral alternating infantile esotropia in cases of six months old male twins

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Squint is a very common Ocular condition characterized by abnormal ocular deviations with absence of normal ocular paralyses and paucity of binocular vision which is kind of Simultaneous perception, Simultaneous fusion and stereopsis. Main aim of squint management is not only to correct the abnormal ocular deviation but to ensure normal visual status. For this early and prompt diagnosis and management is very important so it is very important for every parent to seek the advice of pediatric ophthalmologist if they observe any abnormal ocular deviations of their kids. In past in underdeveloped Asian countries squint was considered to be a kind of stigma especially in girls, So by the time they were shown to ophthalmologist amblyopia had already been in action so treatment was only cosmetic squint correction. However at present with better education and awareness prognosis of squint is very good. Since we have different Ophthalmic subspecialists 3 basic things have to be done in every case of squint VA assessment, Mydriatic refraction and fundus examination because we have some ocular conditions like Retinoblastoma and coats disease which cause squint Can be committant in commutant, Accommodative non accommodative, Paralytic non paralytic, bilateral alternating infantile esotropia, Paralytic squint presents as diminishing of vision impairment of ocular movements diplopia turning the head towards the direction of action of paralysed muscle. Primary deviation is greater than sec deviation false orientation false perception abnormal head tilt ocular torticollis vertigo, bilateral alternating infantile, ESOTROPIA presents as Crossed fixation, uncrossed fixation, Broad angle, Av pattern. Covering the dominant eye will make child to cry. 6 months old male twins were seen by me in my clinic some time ago with parents having noticed bilateral inward ocular deviations of both eyes both twins full term normally delivered make twins no history of exposure to oxygen or jaundice no other Cong abnormalities. In exam both twins had bilateral alternating infantile esotropia of 20 to 25 degrees, VA assessment mydriatic refraction and fundus examination was normal. So under BILTERAL 5 mm medial recti recessions was done. Since we do not cut muscles so this procedure not only ensures a good correction of angle of squint but eye reaction is minimal.

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Biography

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