

Strabismus

LEC 3



Orthophoria : is characterized by perfect ocular alignment in the absence of any stimulus of fusion •
of two eyes in all position of gaze and at all fixation distances so that the visual axes are parallel for
distance and near. Orthophoria is uncommon. A small amount of heterophoria is usually present.

Heterophoria or latent squint : is defined as a condition in which eyes in the primary position are •
maintained on the fixation point with the aid of **corrective fusion reflexes**. When the influence of
fusion is removed, the visual axis of one eye deviates.

Compensated heterophoria : It is not associated with any symptoms. •

Compensation depends upon the reserve neuromuscular power to overcome the muscular imbalance. •

De- compensated heterophoria: Symptoms arise when fusion is insufficient to the control the •
imbalance. Stress or poor health may precipitate symptoms in previously asymptomatic patient.

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Symptoms of hetrophoria •

1. Headache •
2. Binocular discomfort Asthenopia (eyestrain) •
3. Photophobia (increased sensitivity to light) •
4. Difficulty in changing focus from near to distance and vice versa •
5. Blurring of vision •
6. Crowding of words while reading •
7. Difficulty with stereopsis •
8. Intermittent diplopia •
9. Intermittent squint without diplopia



Risk factors (causes) for de -compensated heterophoria include:- •

1. General poor health. •
2. Mental stress •
3. Inadequacy of fusion reserve. •
4. Advancing age •
5. Jobs which need prolong reading and concentration •

Signs of hetrophoria •

Both esophoria and exophoria can be classified by the distance at which the angle is greater •
far and near respectively:

1. Convergence excess •
2. Convergence weakness •
3. Divergence weakness •
4. Divergence excess and •
5. Mixed. •



Treatment •

- Any significant refractive error should be appropriately corrected •
- Orthoptic treatment is of most value in convergence weakness exophoria. •
- Symptom relief may otherwise be obtained using temporary stick-on Fresnel prisms and •
may be subsequently incorporated into spectacles (Maximum usually 10-12 , split between the two eyes).
- Surgery may occasionally be required for larger deviation. •

