



# Sensory Exotropia

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- Sensory exotropia is a condition of unilateral divergence as a sequela to loss of vision or long-standing poor vision in one eye, which was caused by treatable causes as refractive errors, unilateral cataract and aphakia or untreatable causes like many retinal and optic nerve lesions .




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- Sensory exotropia can occur because of visual loss at any age.
  - Infants or young children with a blind or poorly seeing eye usually develop esotropia, but in children older than 2-4 years of age the incidence of esotropia or exotropia occurring in the nonseeing eye is about equal.
  - In older children and in adults, the tendency is toward exotropia.



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– Exotropia may be congenital (present at birth) or acquired. The acquired forms of exotropia include intermittent exotropia, sensory exotropia, and consecutive exotropia (exotropia that develops after surgery to treat crossed eyes).

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- Sensory exotropia comprises about 25% of Acquired Exotropia
  - The general criteria are:
    1. The deviation angles are characteristically large.
    2. The deviations are characteristically comitant.

The deviation angles are characteristically large.


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The deviations are characteristically comitant.

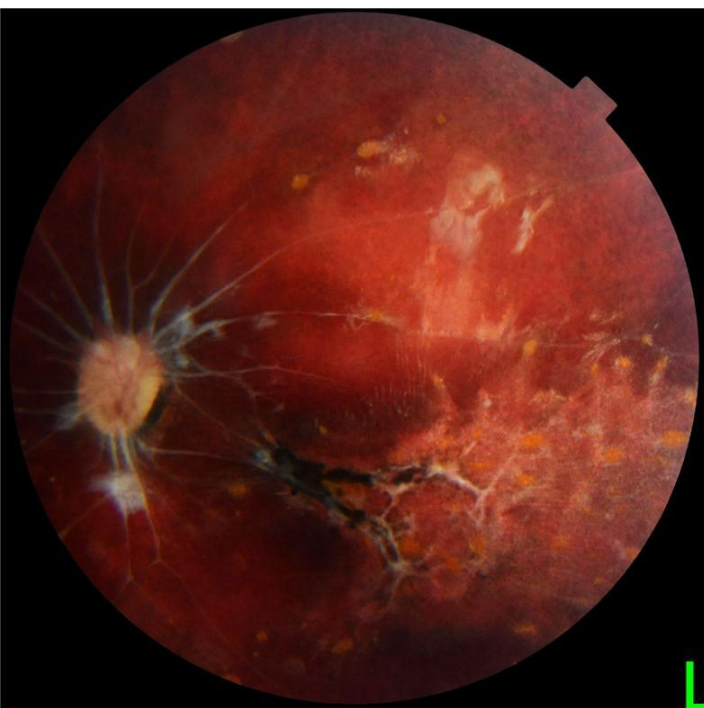
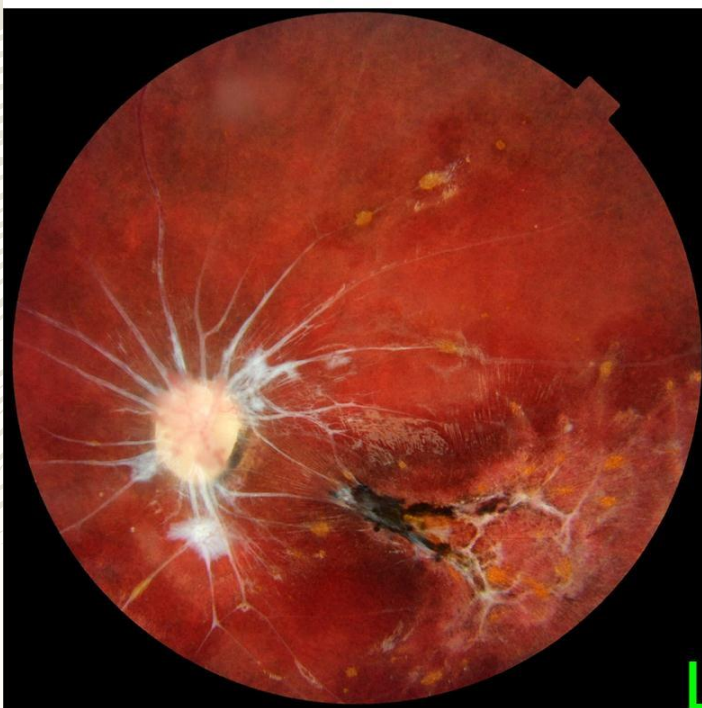
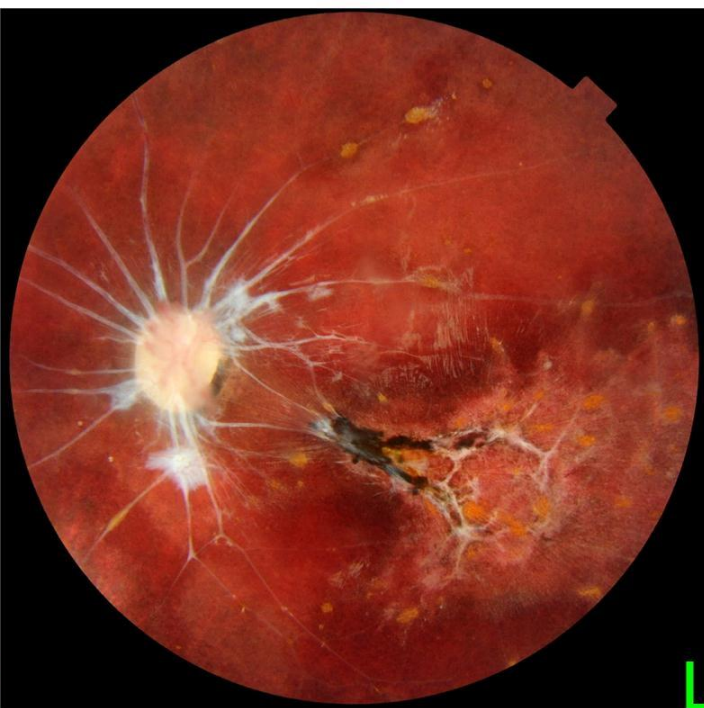
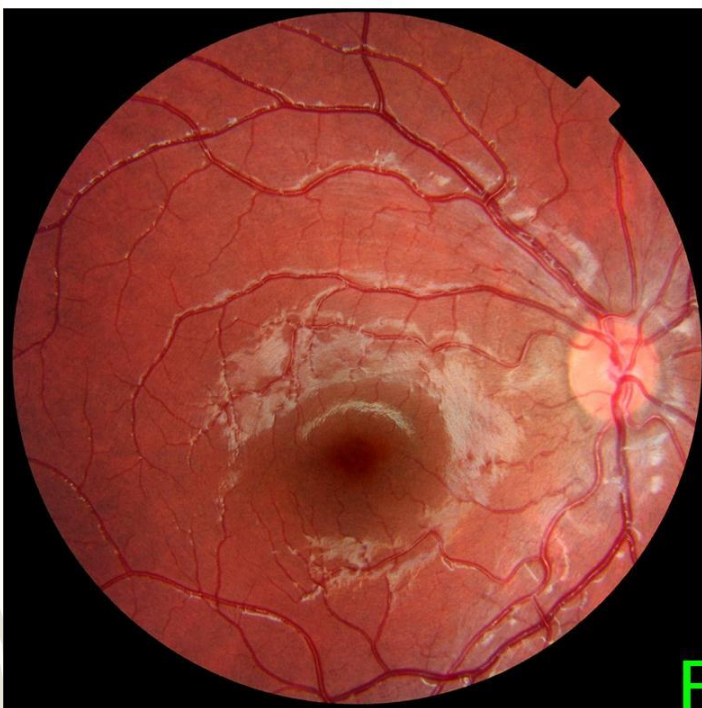



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- However, an eye with long-standing sensory exotropia may develop any of the several mechanical and innervational abnormalities, especially if the angle is large. Most commonly alphabetical syndromes.



**V pattern**







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– The most important aspect of the management is to find and/or eliminate and/or reverse a treatable cause of the exotropia.

1. An exotropic with poor vision
2. Dilate and SLE, funduscopy, refraction
3. Treatable or untreatable



# Treatable causes:

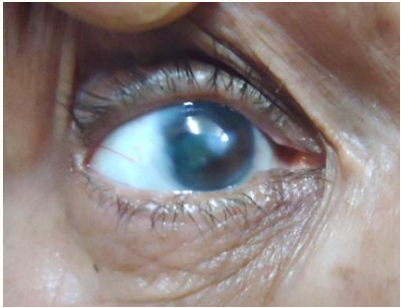
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- Refractive errors most commonly high myopia and large astigmatic errors
- Long standing cataract and aphakia
- Corneal opacities even faint nebulas if central

Very important to evaluate the likelihood of amblyopia and diplopia (time of onset and duration are the most important)

OD faint central nebula since  
early childhood.







OD -18 D

OS – 0.5 D



The deviation angles are characteristically large.  
The deviations are characteristically comitant.

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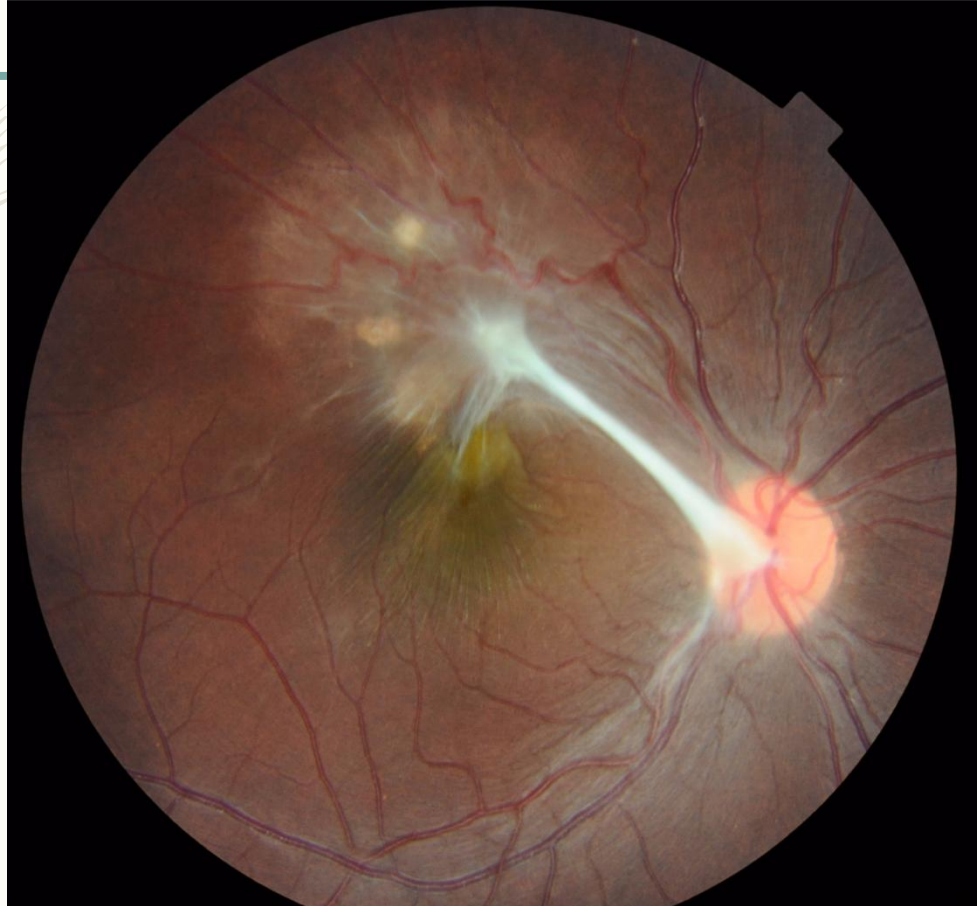
# Un Treatable causes:

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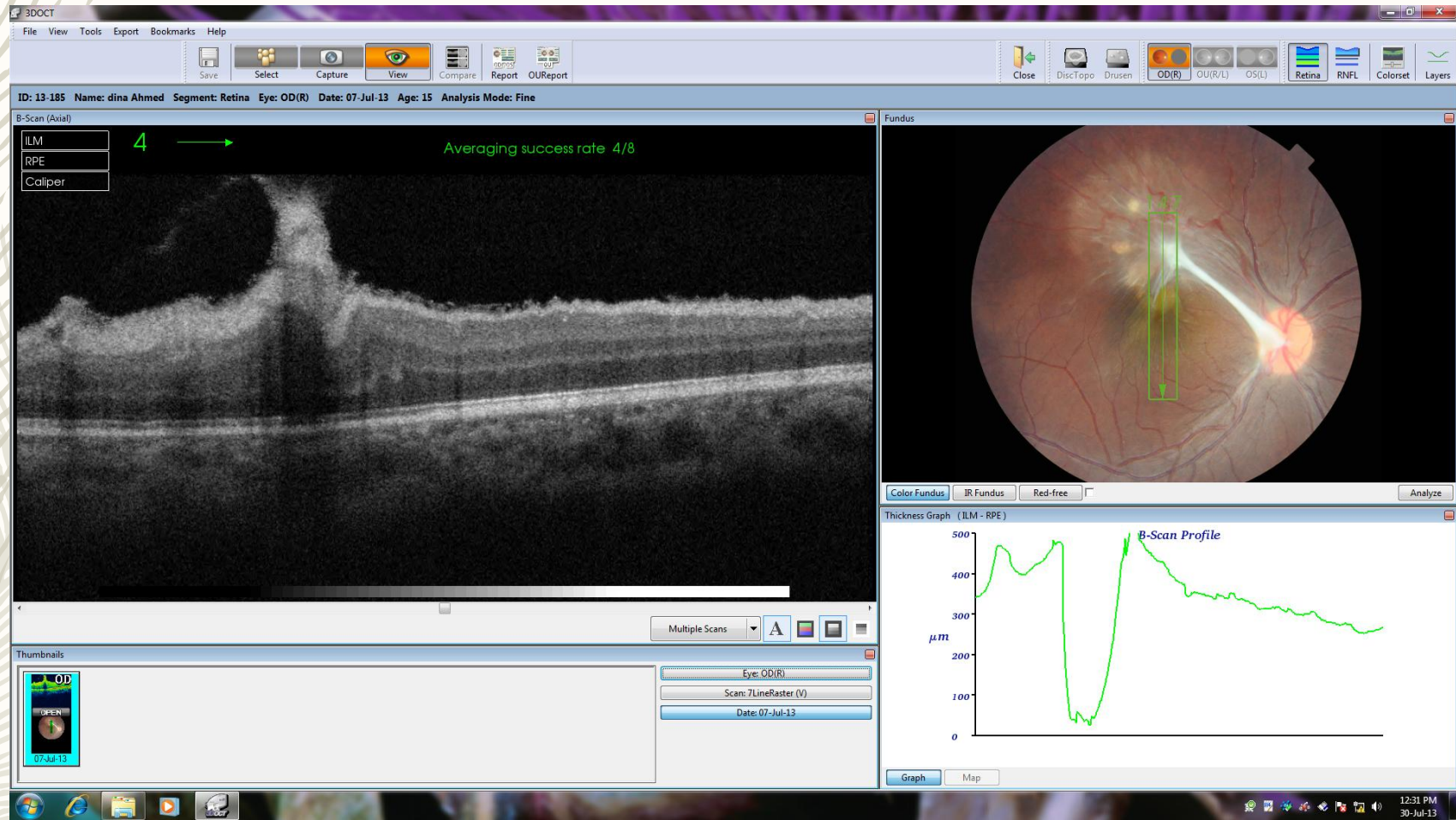
- Almost always a post segment lesion (retina or optic nerve)
- Toxoplasmosis, toxocariasis, traumatic maculopathies and choroidal ruptures.
- Congenital retinal and optic nerve anomalies are less common



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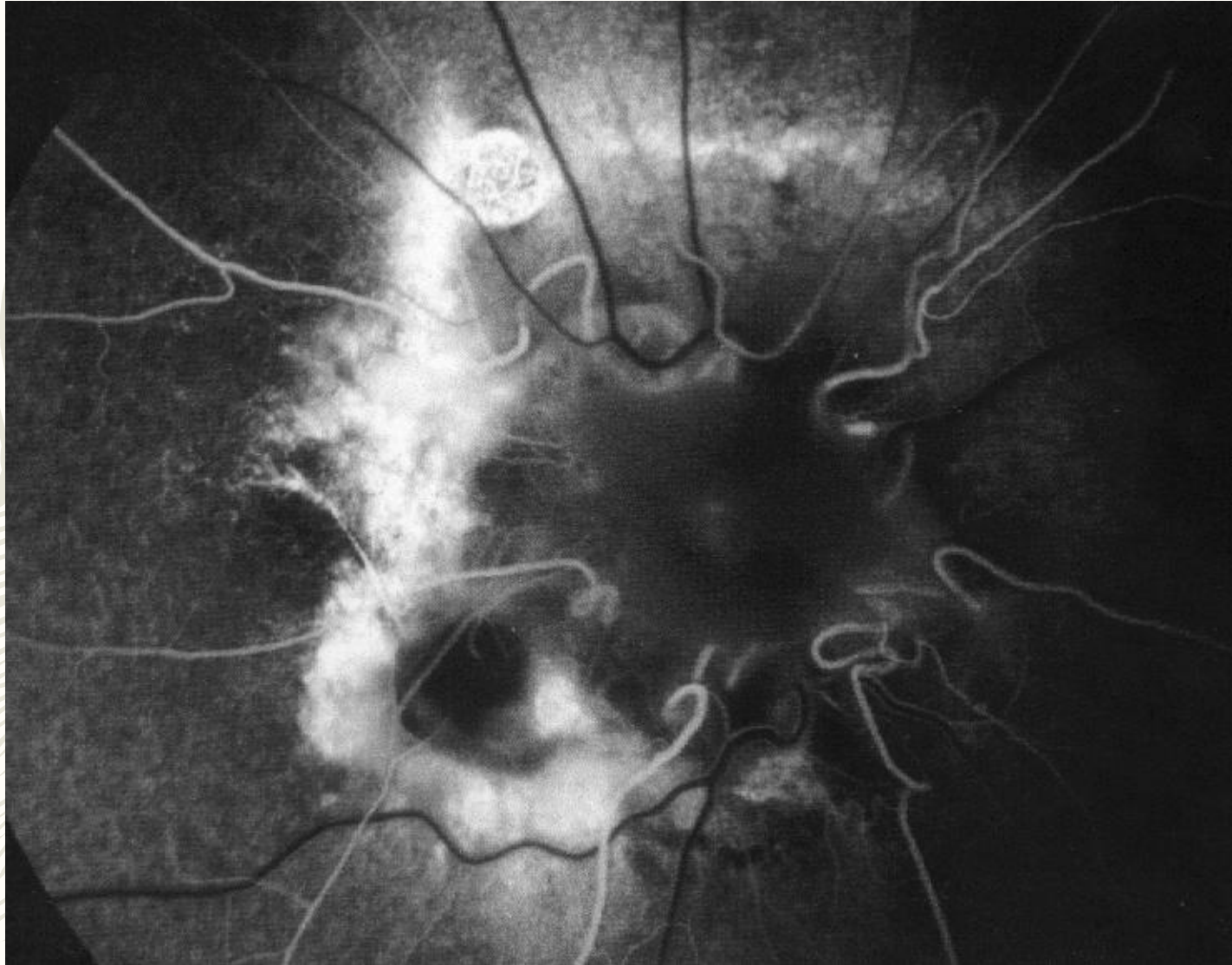


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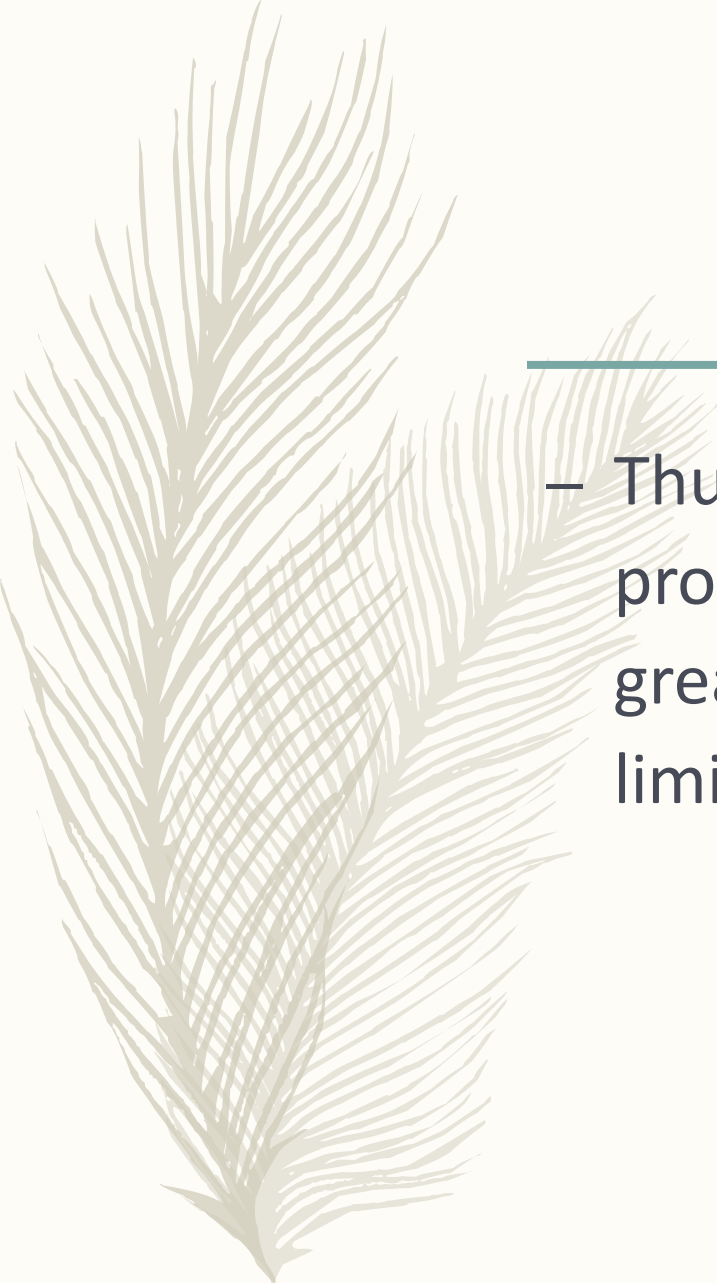
Left retinal dysplasia





Left retinal dysplasia

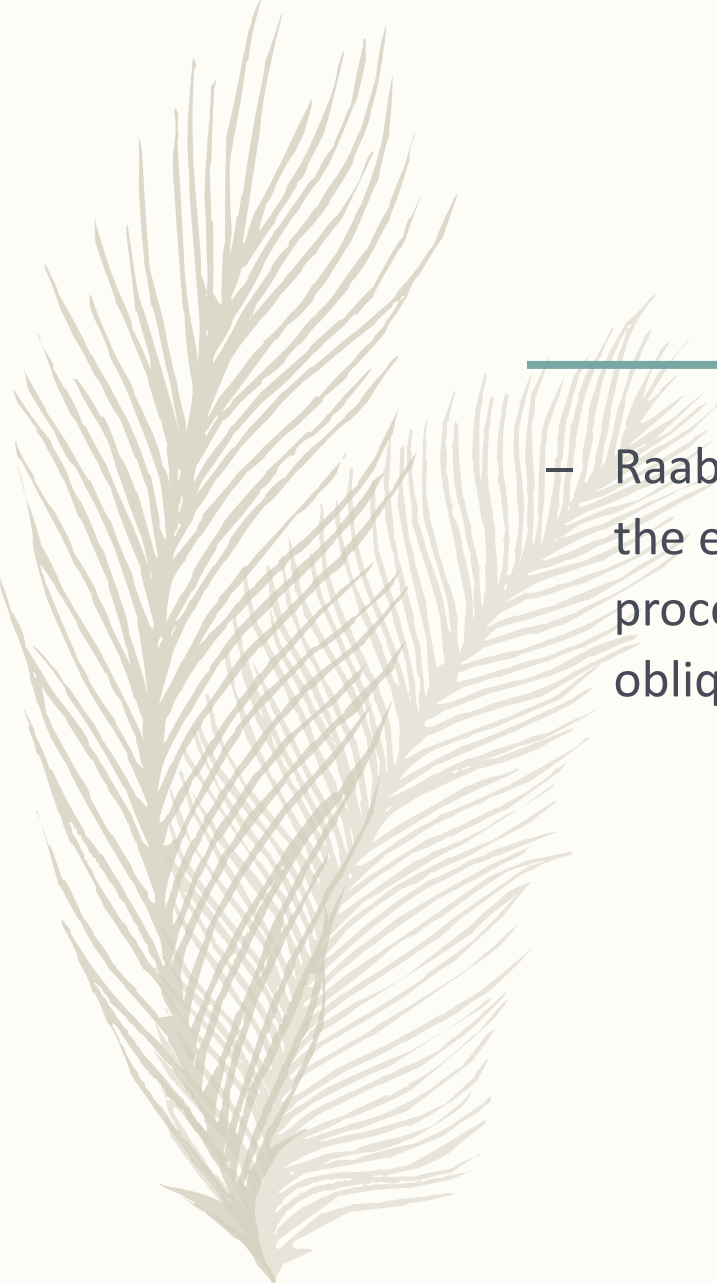



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- Exotropia secondary to unilateral poor vision is approached somewhat differently than intermittent exotropia, where vision usually is good in both eyes. When a patient needs surgery for exotropia and has good vision in only one eye, the surgery should be directed to the eye with poorer vision and the good eye avoided if possible.

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- A decorative graphic of a feather, rendered in a light beige color, is positioned on the left side of the slide. It has a central rachis with numerous barbs extending outwards, creating a fan-like shape. A thin, dark teal horizontal line is located above the text, extending across the width of the slide.
- Thus, the preferred operation would be a recess-resect procedure. Because the patient fixes with the good eye, greater amounts of surgery than usual may be done to limit the surgery to the eye with poorer vision.

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- A decorative graphic of a feather, rendered in a light green color, is positioned on the left side of the slide. It has a central rachis with numerous barbs extending outwards, creating a fan-like shape. A horizontal teal line is located above the text block, extending across the width of the slide.
- In the patient with two good eyes, surgery that will limit ductions is avoided. However, because the patient with sensory exotropia is using only one eye visually, some loss of abduction in the eye with poor vision is acceptable as a result of limiting the surgery to that eye.

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- This approach may allow larger deviations to be corrected with two muscles and avoid surgery on the eye with good vision.

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- Raab suggested that by weakening the superior and inferior oblique muscles of the exotropic eye that has poor vision, the effect of a large recess-resect procedure can be enhanced. Raab's rationale is that the abduction effect of the oblique muscles is eliminated and the adduction of the eye is augmented.



# TABLE 2. Quantity of Surgery Advised According to the Size of the Angle of the Exodeviation in Patients With Profound Amblyopia\*

Exotropia Angle (degrees)	Lateral Rectus Recession (mm)	Medial Rectus Resection (mm)
40	8	6
50	9	7
60	10	8
70	11	9
80	12	10









# Thank you

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See you in Mansoura international strabismus  
meeting 2017











