

Sensory Strabismus Among Elderly Patients



Medical Science

KEYWORDS : sensory strabismus, strabismus surgery, elderly patients

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ABSTRACT

We report surgical results of sensory strabismus among elderly patients (aged ≥ 60 years). We retrospectively studied 6 consecutive patients who had undergone strabismus surgery for sensory strabismus between 2000 and 2014. Results obtained with initial surgery were relatively good in all patients. All patients were satisfied with their final ocular alignment. We emphasize that sensory strabismus surgery has achieved good cosmetic appearance even in elderly patients.

INTRODUCTION

Sensory strabismus has been defined as a deviation secondary to diminished vision in one eye.¹⁻³ Prevalence of sensory strabismus has been estimated to be between 5% and 9% of patients with unilateral low visual acuity.³ However, there are no reports regarding surgical results of sensory strabismus focused on elderly patients. Herein, we report surgical results of sensory strabismus among elderly patients (aged ≥ 60 years).

SUBJECTS and METHODS

We retrospectively studied 6 consecutive patients who had undergone strabismus surgery for sensory strabismus between 2000 and 2014. The clinical characteristics of 6 patients with sensory strabismus are summarized in Table 1.

RESULTS

Patient age ranged from 61 to 87 years. The male to female ratio was 2:4. Visual acuity of the affected eye varied between 0.15 and no light perception. The probable causes of vision loss were congenital in 2 patients and acquired in 4 patients. Initial diagnoses were exotropia (n = 4) and esotropia (n = 2). All surgeries were performed at an outpatient facility and local anesthesia was used. In all patients, surgery was performed on only the affected eye. Initial types of operative procedures performed were muscle recession and muscle resection (n = 3) and muscle recession only (n = 3). Result obtained with initial surgery was relatively good in all patients. All patients were satisfied with their final ocular alignment.

No	Age (years)	Sex	Cause (onset)	Visual acuity (right/left)	Initial deviation	Type of surgery	Final deviation
1	61	F	amblyopia (3 months)	0.04/1.2	RET 70PD	RMR REC RLR RES	RET 30PD
2	63	F	amblyopia (3 months)	NLP/1.2	RET 95PD	RMR REC RLR RES	RET 40PD
3	68	F	optic atrophy (65 years)	0.1/1.2	RXT 45PD	RLR REC RMR RES	RXT 10PD
4	69	F	CRAO (59 years)	CF/1.2	RXT 30PD	RLR REC	RXT 10PD
5	86	M	CRA (unknown)	CF/0.9	LXT 35PD	LLR REC	ortho
6	87	M	RD (57 years)	NLP/0.5	LXT 40PD	LLR REC	LXT 15PD

Table 1 Clinical characteristics of 6 patients with sensory strabismus CRAO = central retinal artery occlusion; CRA = chorioretinal atrophy; RD = retinal detachment; NLP = no light perception; CF = counting finger; PD = prism diopters; R = right; L = left; R(L)XT = right (left) exotropia; RET = right esotropia; MR = medial rectus muscle; LR = lateral rectus muscle; REC = recession; RES = resection; Ortho = orthophoria

DISCUSSION

The face is the most prominent physical feature, and the eyes play an important role in perceived attractiveness and communication. Therefore, it is not surprising that along with the functional impact of strabismus, patients can experience significant psychological distress.^{4,5} McBain et al.⁴ reported that 220 patients with strabismus in adults. According to their report, 11% were experiencing clinical levels of depression, and 24% clinical anxiety.

The main objective of strabismus surgery is to achieve parallelism of eyes in order to establish or improve binocularity. It has always been believed that moderate or severe vision loss was a poor prognostic factor for achieving stability, in short- and long-term results. For this reason, many present-day patients with sensory strabismus still have the false impression that their deviation cannot be corrected.³

CONCLUSIONS

We emphasize that sensory strabismus surgery has achieved good cosmetic appearance even in elderly patients. Physicians should be aware that appropriate support can be given to patients with sensory strabismus.

REFERENCE

- [1] Kim, M.J., Khwarg, S.I., Kim, S.J., and Chang, B.L. (2008), "Results of re-operation on the deviated eye in patients with sensory heterotropia." Korean J Ophthalmol, 22: 32-36. [2] Maruo, T., Kubota, N., and Maruo, T. (2011), "Surgical results of sensory strabismus at our clinic." Folia Japonica Ophthalmol Clin, 4: 226-230. [3] Merino, P., Mateos, C., Gómez De Liaño, P., Franco, G., Nieva, I., and Barreto, A. (2011), "Horizontal sensory strabismus: characteristics and treatment results." Arch Soc Esp Ophthalmol, 86: 358-362. [4] McBain, H.B., MacKenzie, K.A., Au, C.K., Hancox, J., Ezra, D.G., Adams, G.G., and Newman, S.P. (2014), "Factors associated with quality of life and mood in adults with strabismus." Br J Ophthalmol, 98:550-555. [5] McBain, H.B., Au, C.K., Hancox, J., MacKenzie, K.A., Ezra, D.G., Adams, G.G., and Newman, S.P. (2014), "The impact of strabismus on quality of life in adults with and without diplopia: a systematic review." Surv Ophthalmol, 59:185-191. |||