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Surgical outcomes of consecutive exotropia

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Consecutive exotropia

Consecutive exotropia develops after surgical treatment of esotropia with an incidence rate ranging from 3% to 29% of all patients.



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Risk factors for consecutive exotropia

Amblyopia

Presence of A or V patterns

Developmental delay.



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Early or late muscle slippages with limited adduction, which necessitates medial rectus advancement to be corrected.

So, careful assessment of both the medial and lateral rectus muscles during surgical treatment for consecutive exotropia is very important.



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The main problem

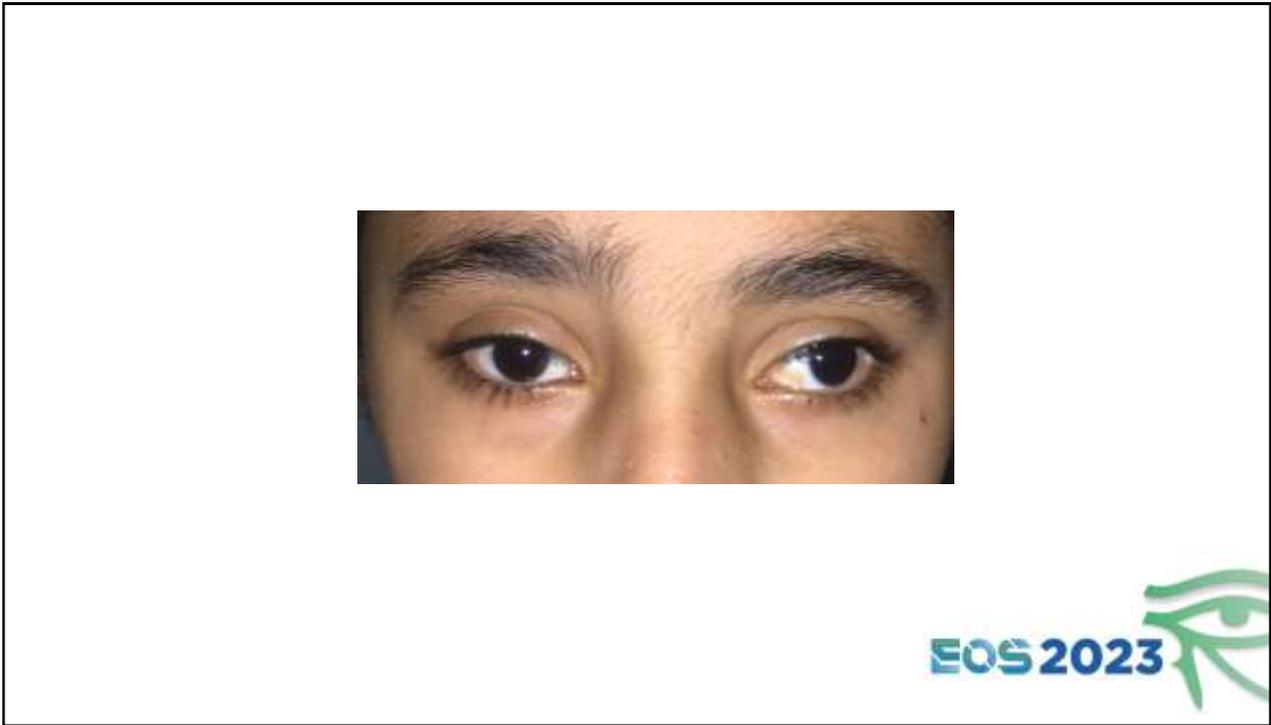
The postoperative results are unpredictable



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Protocol of management:

Controversy in surgical management of consecutive exotropia does exist.

Ohtsuki et al preferred the standard reversal of the primary operation for esotropia.



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Following the principle of Ohtsuki et al

Retrospective study was done in our department in Minia University, Bilateral medial rectus advancement was done in **19 patients** with **53%** success rate



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Cooper stated that consecutive exotropia cases should be managed as a new case with anatomical alterations regardless of the previous esotropia surgery that had taken place (**Cooper's dictum**).



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Following Cooper's dictum

The success rate was 73% in 15 patients who had unilateral medial rectus advancement with ipsilateral lateral rectus recession



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Take home message

Consecutive exotropia cases should be managed as a new case with anatomical alterations **unless there is adduction deficit**



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THANK YOU



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