

BROWN Syndrome

TAMER TAWHEED,MD

Lecturer of ophthalmology
ALAZHAR UNIVERSITY



1



2



3



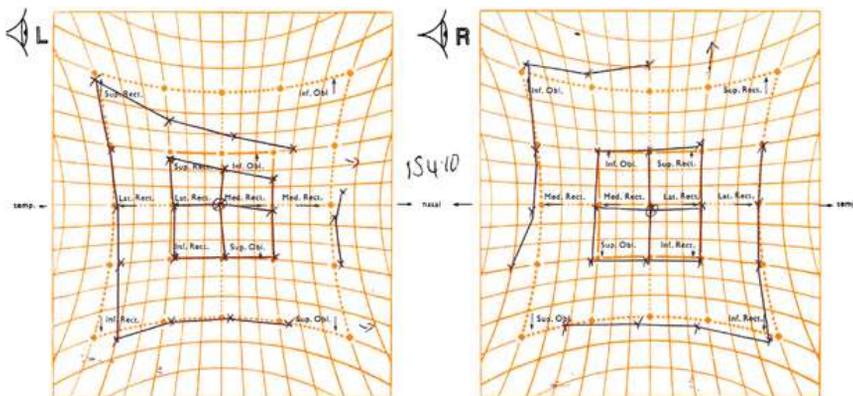
4

Grades

	-- elevation	Down shot	hypotropia
mild	U		
moderate	U	U	
severe	U	U	U

5

Brown & IO palsy



6

MED (ptosis or pseudoptosis)



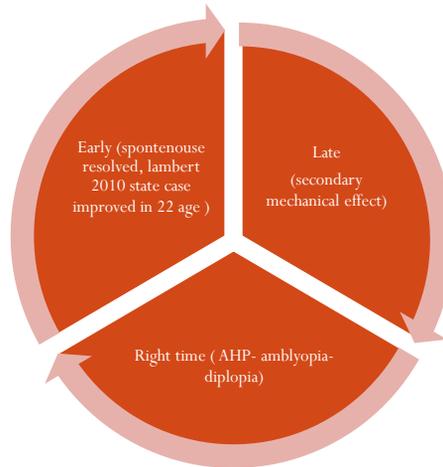
7

Congenital LR anomaly mimic



8

- Time of interfere



9

- Tenotomy , tenectomy with IO weakening
- Wright spacer
- ❖ Split & lengthening

10



11



12



13

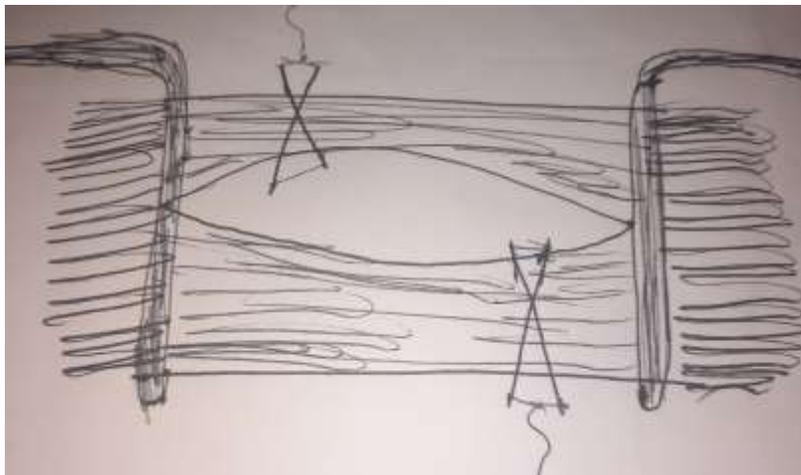
Surgical tricks

Fashion a Safety distance between hook and sutures

Splitting by blunt tip to hook

Sutures inside splitting

Cutting from inside not from outside , between suture to hook

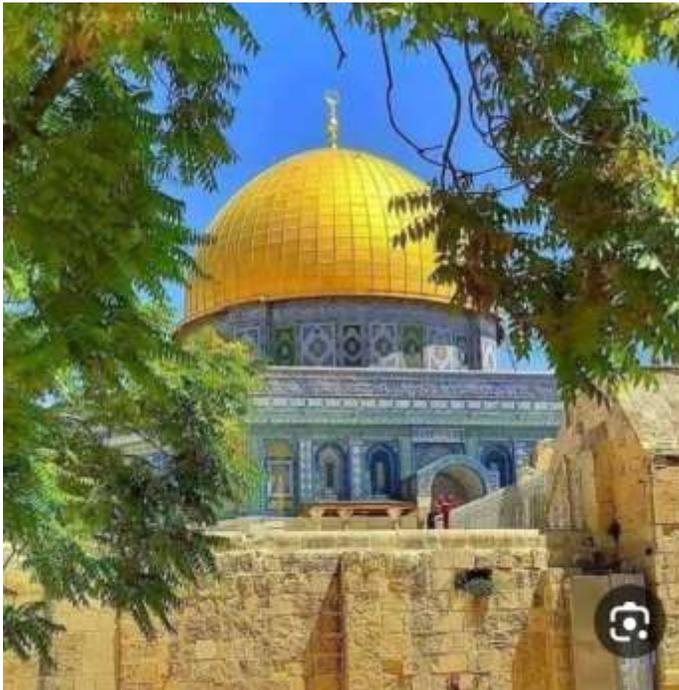


14

Home message

- Acquired brown should be excluded first (pain is a good sign)
- Old photos & videos are a good tools
- F.D.T is mandatory
- Take your time in observing the ocular motility & A.H.P
- Rapid observation equal signs loss
- Child with complex strabismus always need more than one visit
- Record anew video for each visit
- Don't rush to correct all manifestations at one session , step by step is wise choice
- Tell the parents about possibility of second operation
- Don't forget to observe A.H.P (3 component) , lid , changes in palpebral fissure

15



16