

Superior Oblique Lengthening

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Indications

Controlled Superior Oblique muscle weakening

A-pattern

Brown syndrome

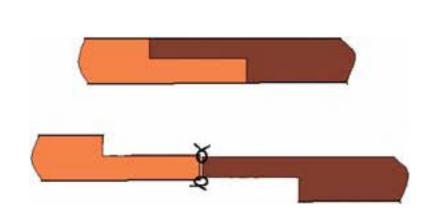


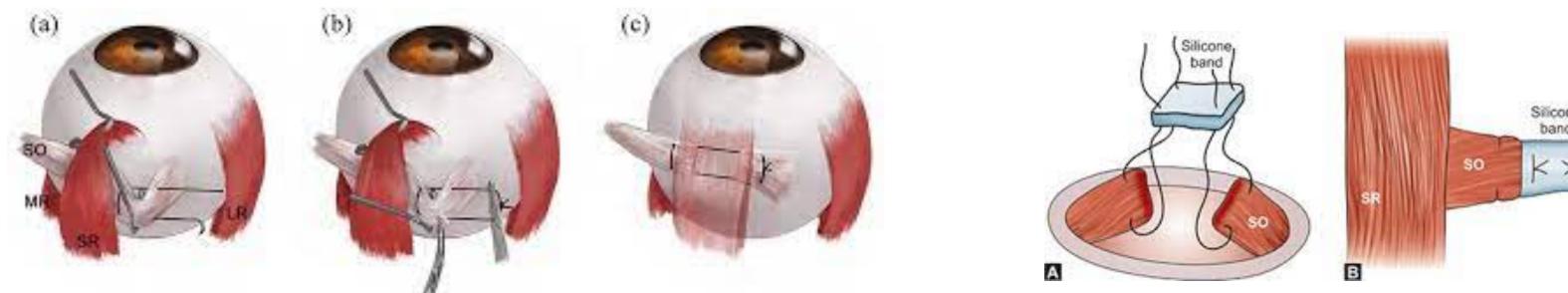
Controlled Super Oblique lengthening

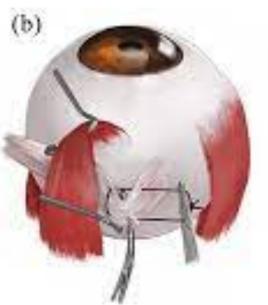
SO Split tendon lengthening

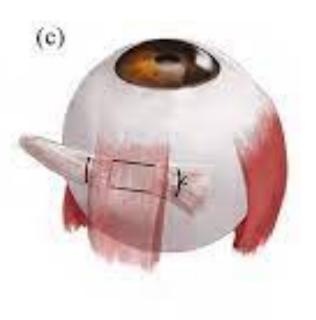
SO suture lengthening

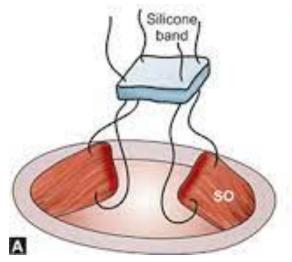
Tissue expander

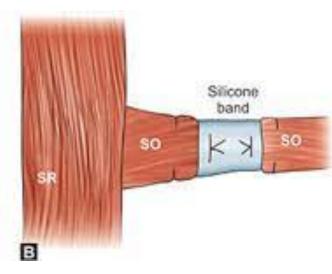






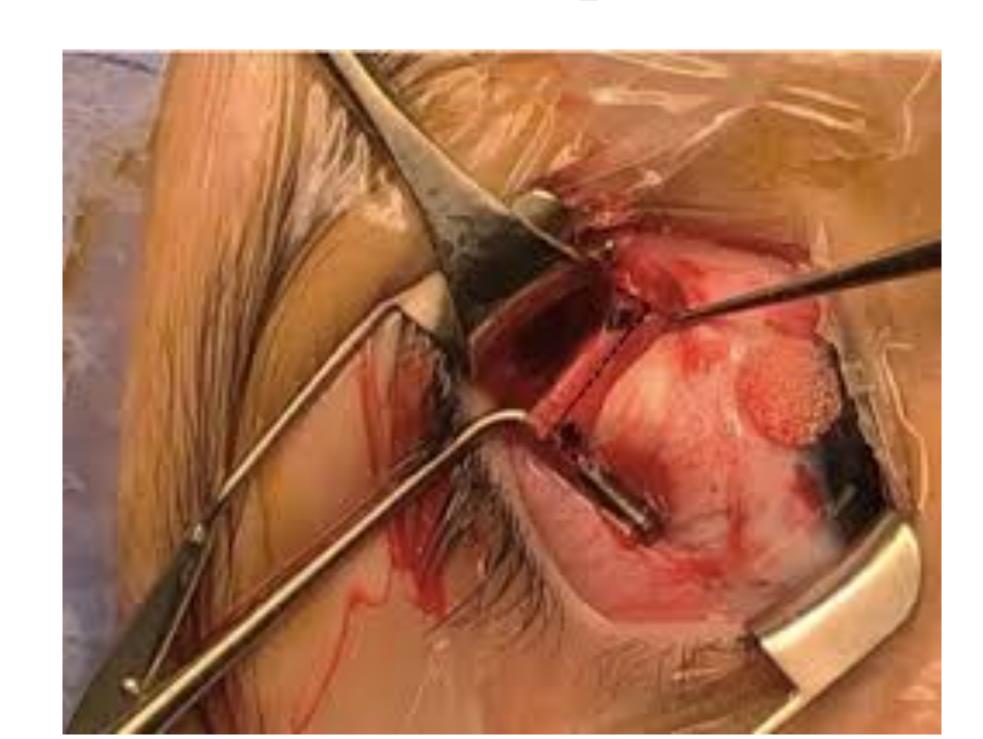


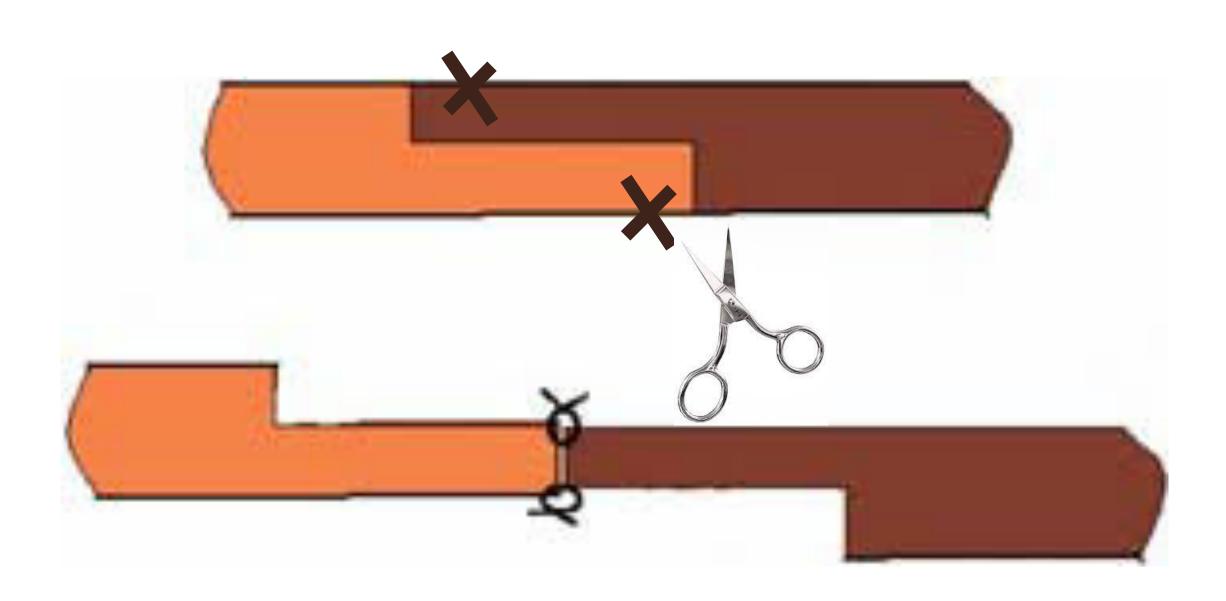






Superior Oblique Lengthening





Superior Oblique Split Tendon Lengthening (Temporal Approach)

Strabismus Surgery

Dr Heba Metwally

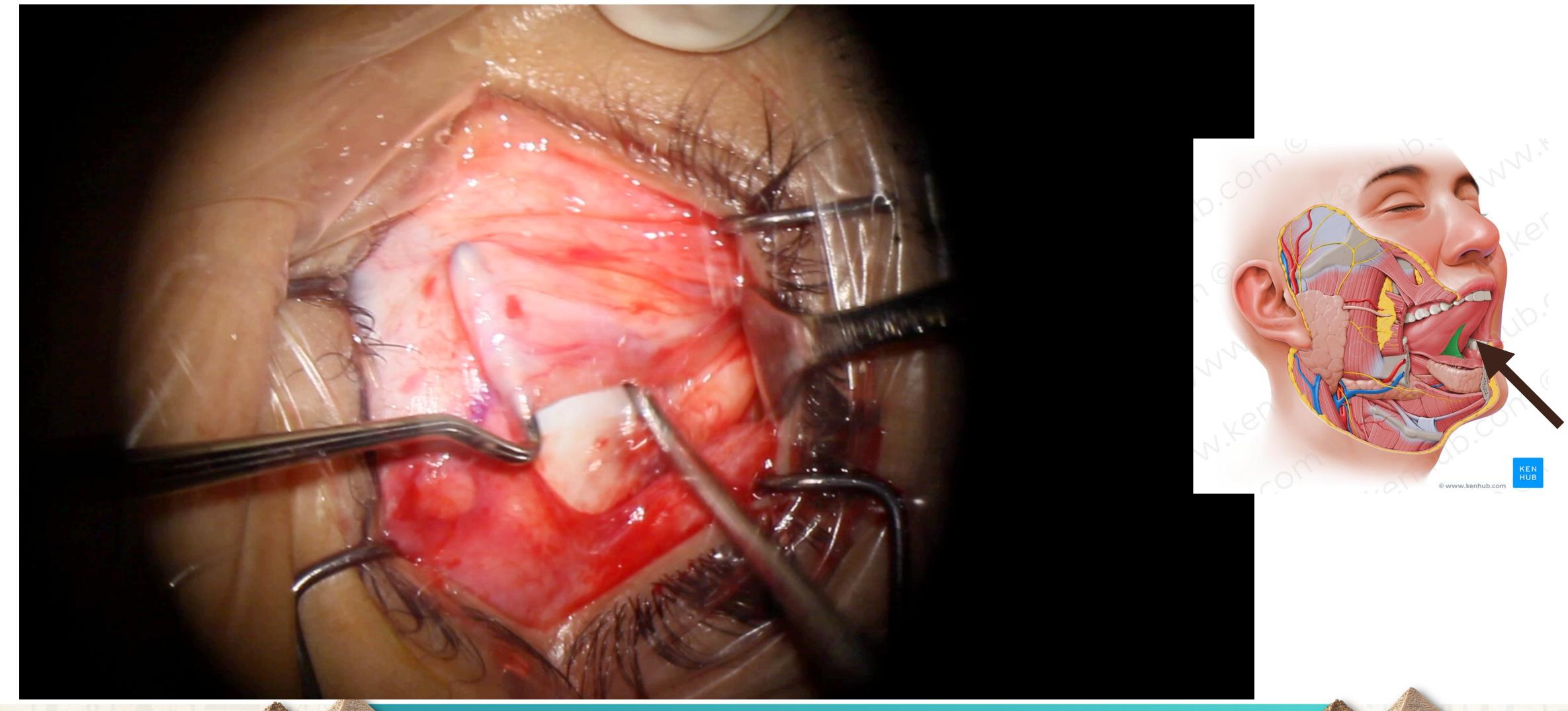
Pediatric Ophth & Strabismus Consultant MD, FRCS







Superior Oblique Frenulum







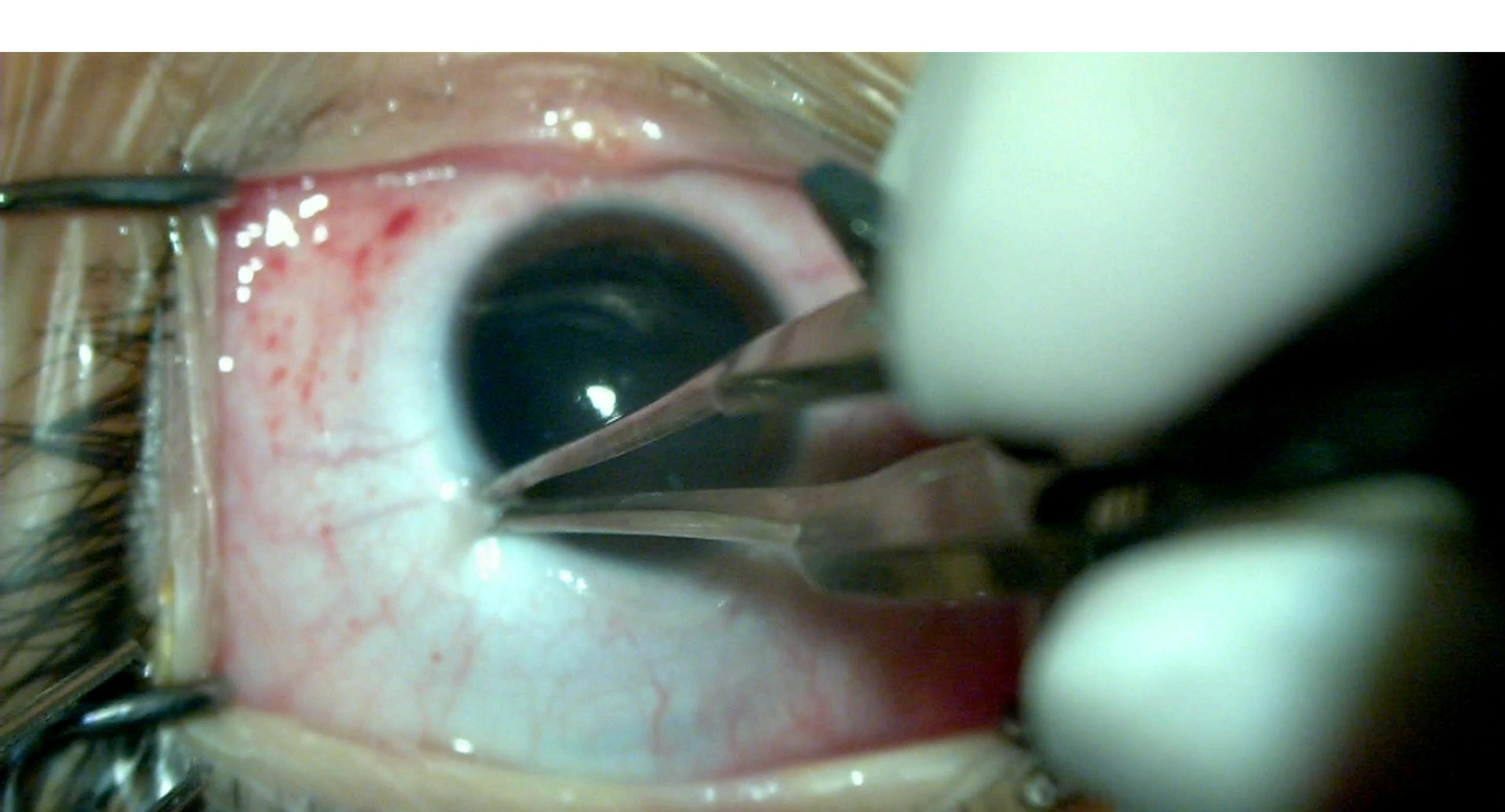
مركز عيون الاطفال بالمعهد التذكاري للابحاث الرمديه Memorial Institue Kids Eye Center



Superior Oblique split tendon Lengthening

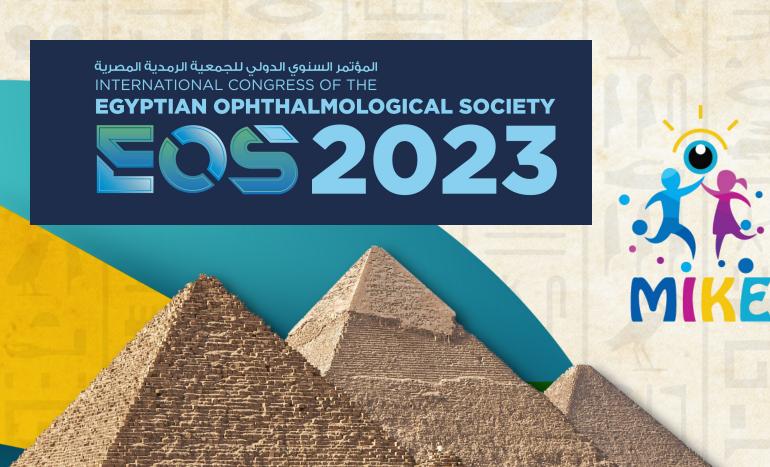
Temporal to SR

Nasal to SR











Which is better? in

Superior Oblique split tendon Lengthening

Temporal to SR

Nasal to SR

- the risk of Incomplete hooking of fibers
- Superior oblique frenulum dissection is mandatory

Controlled SO weakening

Uncontrolled SO weakening

Split tendon lengthening
Chicken suture
Tendon spacers

Advantages

- Can be graded
- Less overcorrection

SO tenotomy

- Easier procedures
- Corrects difficult forms of Brown syndrome
- Sutureless

Disdvantages

- More difficult procedure
- Undercorrections more likely
- Adhesions or extrusion of spacers and sutures

- Cannot be graded
- More overcorrection (iatrogenic SO palsy)



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