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In collaboration with: MEACO

Combining Lid Surgery With Strabismus Surgery In The Same Setting

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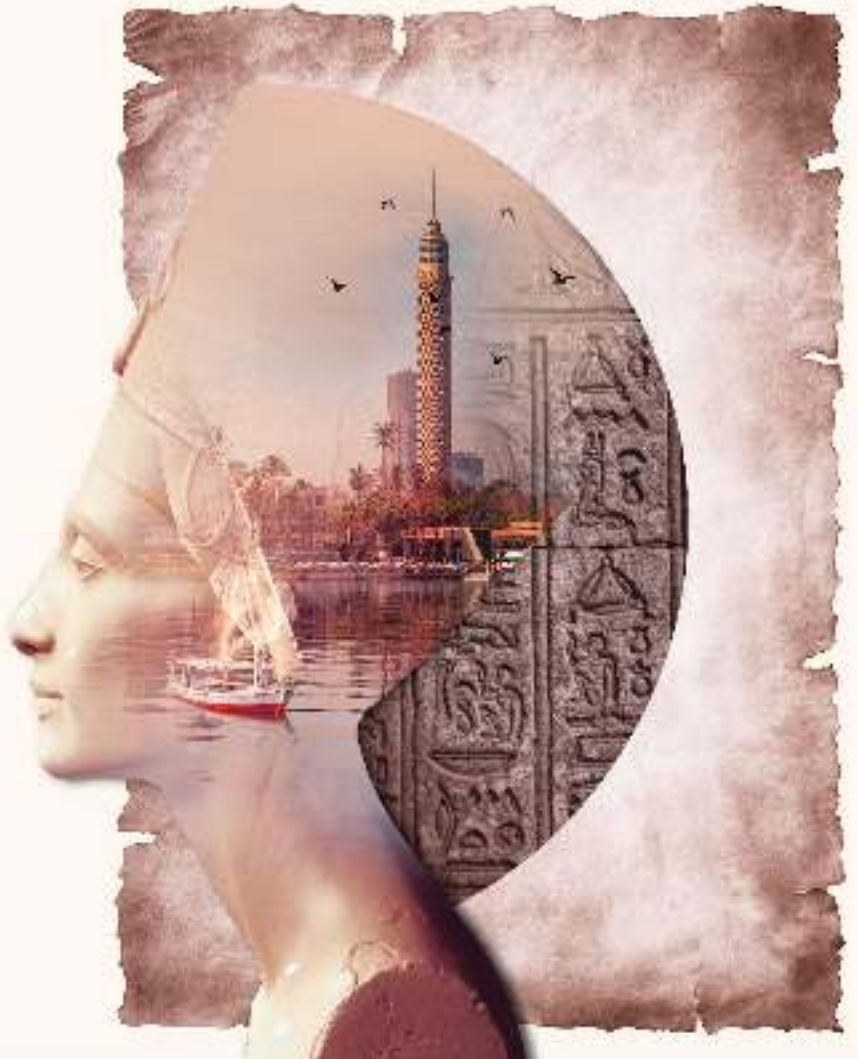

- Doubtful results.
- Unstable long standing results (muscles attachment).
- No enough information in the literature.
- Other reasons

CFEOM

CFEOM1 is the most common form of congenital fibrosis of the extraocular muscles, affecting at least 1 in 230,000 people. CFEOM1 and CFEOM3 have been reported worldwide, whereas CFEOM2 has been seen in only a few families of Turkish, Saudi Arabian, and Iranian descent.

CFEOM2

CFEOM2 phenotype. Rare form of CFEOM, bilateral ptosis and a large angle exotropia with severely limited horizontal and vertical eye movements. Inheritance is autosomal recessive. There is a primary developmental defect of both oculomotor and trochlear nuclei.

First Case

- 1 and 1/2 year old baby boy born full term, healthy otherwise.
- Noticed to have total ptosis of both upper lids with eyes fixed in abduction since birth and he used to use his thumb to elevate the upper lid so he can see.
- Cyclorefraction showed mild hyperopia normal for the age.
- Normal anterior and posterior segments both eyes.
- Large angle exotropia with severely limited to absent horizontal movements.

Second Case

- 3 year old baby girl known case of congenital adrenal hyperplasia under medical care.
- Presented with complete ptosis both eyes and large angle exotropia more than 50 pd with both eyes fixed in abduction.
- Using the thumb to elevate the upper lid to see.
- Seen by neuro ophthalmologist who diagnosed her as type 2 CFEOMs vs. bilateral congenital third nerve palsy.

Surgical Treatment

- To correct or improve a compensatory head posture.
- To improve alignment in primary gaze position
- To improve ambulation and gross motor development in young children

- Surgical treatment of both cases was a combination of strabismus surgery aiming for putting the eye in primary position as possible, with oculoplastic surgeon joining the party immediately after completing the lateral rectus medial transposition close to medial rectus insertion.
- The oculoplastic surgeon did sling procedure for both eyes.

LATERAL RECTUS TRANSPOSITION MEDIALLY

- Very good dissection and isolation of L.R.
- Tight fibrotic muscle.
- Use non absorbable sutures.
- At the end of the transposition the L.R should disappear from the view.
- Test the tightness of the globe after positioning in P.P it should be equal to both sides.
- The eye will stay where you fixed it.

- Both cases are doing well with eyes almost in primary position.
- Lids are reasonably opened and the patients are developing good vision.

Contact Us

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Thank You

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