### بسم الله الرحمن الرحيم

## Strabismus is not always Muscles!!!

By

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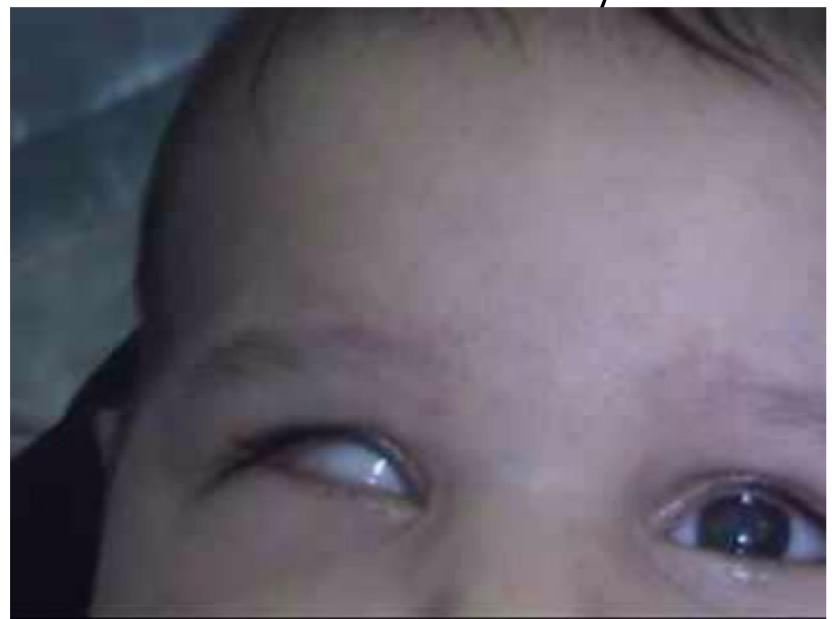
**WSPOS** (World Society of Pediatric Ophthalmology & Strabismus)

ESA (European Strabismological Association)

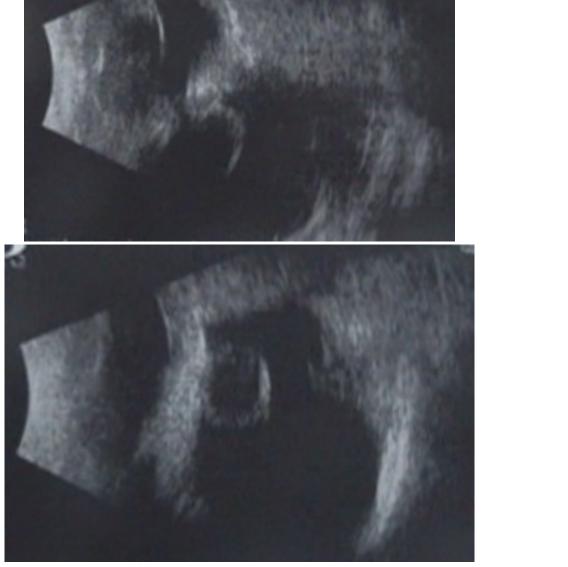
**EPOS** (European Pediatric Ophthalmological Society)

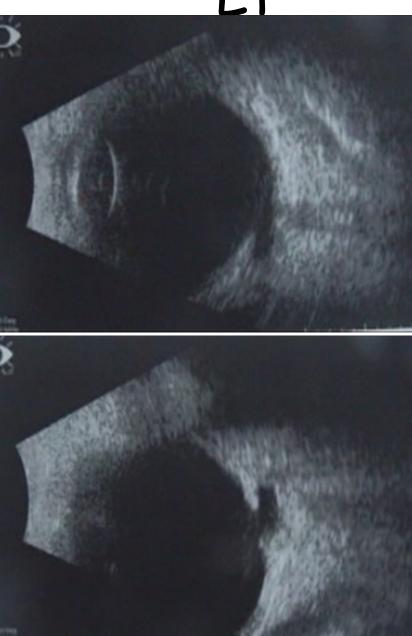
**EGPES** (Egyptian Group of Pediatric Eyes Surgeons)

2 months old boy.

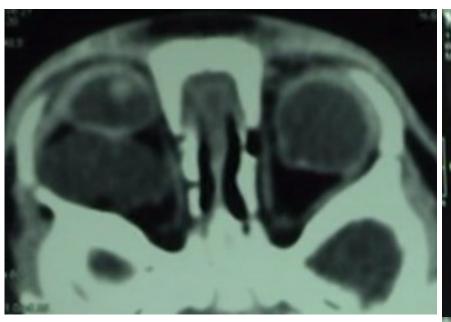


Rt Sonar



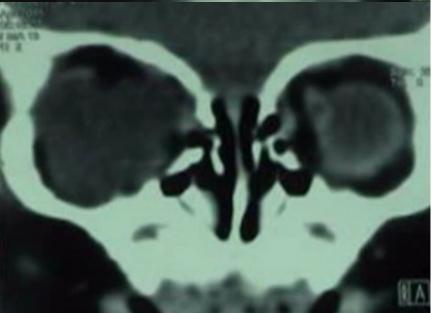


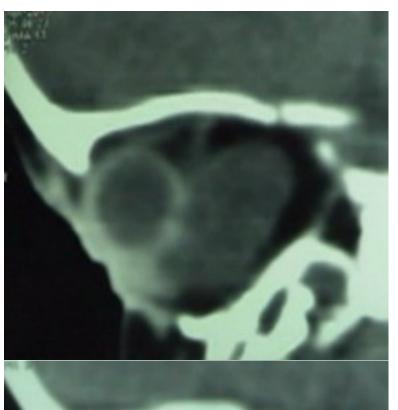
#### CT









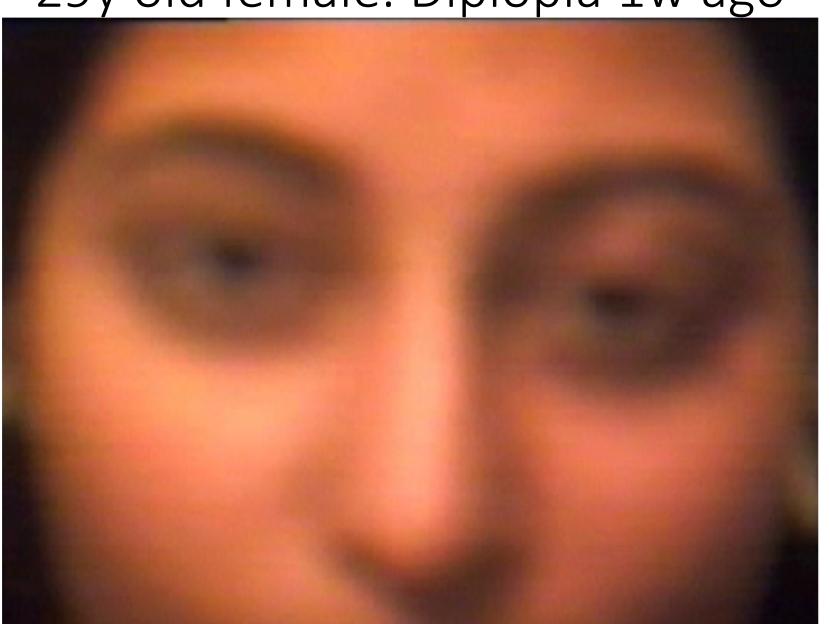




### **Esotropia**

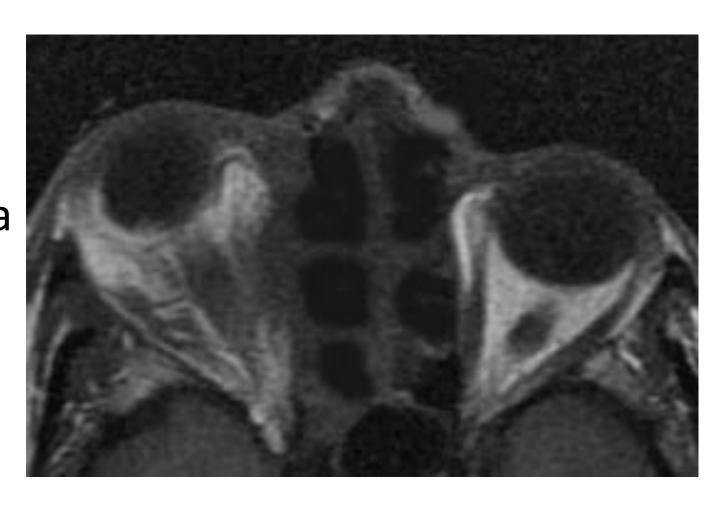
Rt Retrobulbar Glioma

29y old female. Diplopia 1w ago



#### Orbital Pseudotumour

Hist. painless Lt upper lid swelling increased to close the eye in 1 week, followed by binoc. Diplopia & Lt proptosis 16/20mm. CT brain normal, Lt intra-orbital shadow. CBC: Esinophillia.



#### 2 weeks with ttt

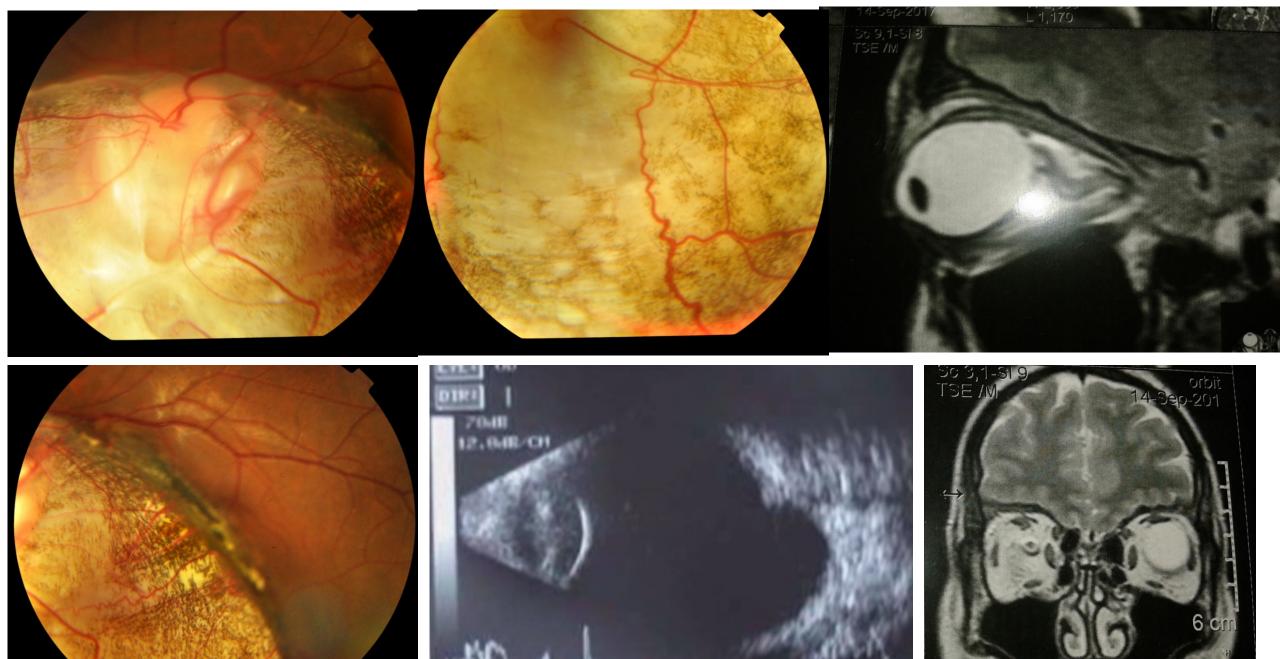


### **Esotropia**

Lt 6<sup>th</sup> NP (Mechanical) (Space occupying lesion)

19y old girl. Lt Eso surg 10y. Rt:000 Lt:-22.00





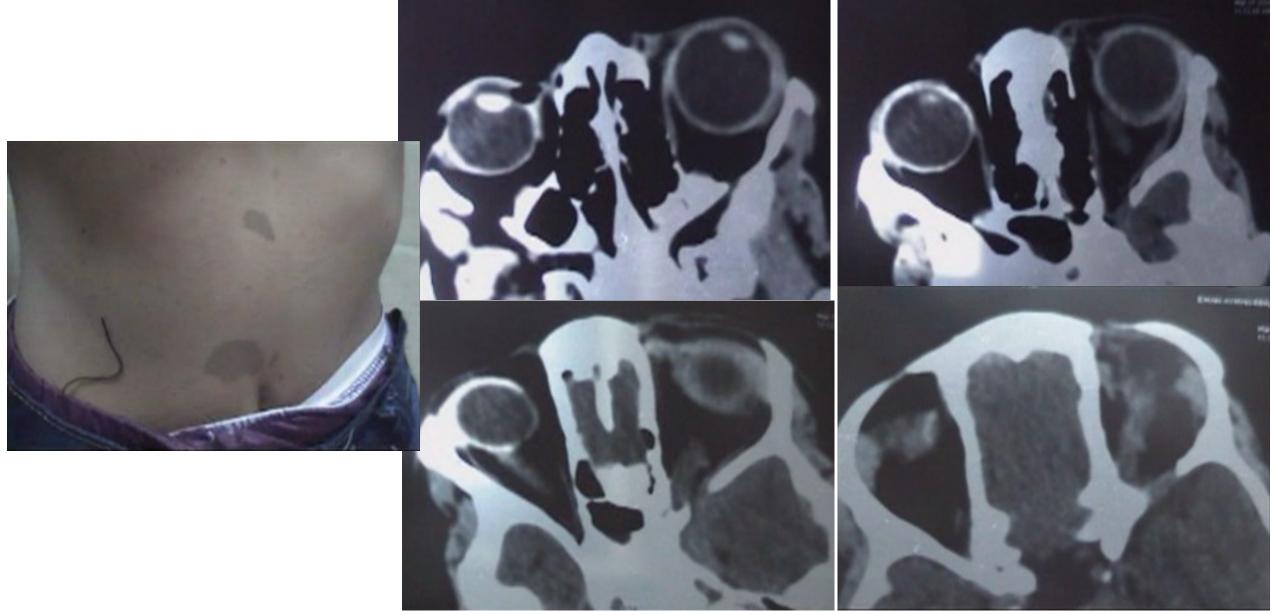
# Recc Esotropia Heavy Eye Syndrome

Lt Posterior Staphyloma
High Myopia & Disc Coloboma

3y old girl. Rt:+2.00 Lt:-8.00-2.50/170



Abdomen & CT Neurofibromatosis type 1



#### MRI Bil optic nerve glioma Swollen Lt SR Bil multiple focal areas of signal alteration

NAME: Eman Ayman Ebrahim (10415) DATE: 26/11/2012

#### MRI of the brian & orbit :-

The study was performed on a 1.5 Tesla super conducting system

Variable pulse sequences were taken before and after Gd-DTPA injection.

- Bilateral multiple focal areas of signal alterations are seen in the both cerebellar hemispheres, left middle crebellar peduncle, left globus pallidus, the right side of the pons and in both medial aspects of the temporal horn of the lateral ventricles.
- No shift of mid-line structures.
- Normal site, size and shape of the ventricular system.
- No intra-cranial haematoma or extra-axial collection
- NB. bilateral maxillary, spenoidal and to a lesser extent ethmoidal sinusitis

Orbital findings: (With suboptimal examination due to uncoperative patient however the orbital examination reveals

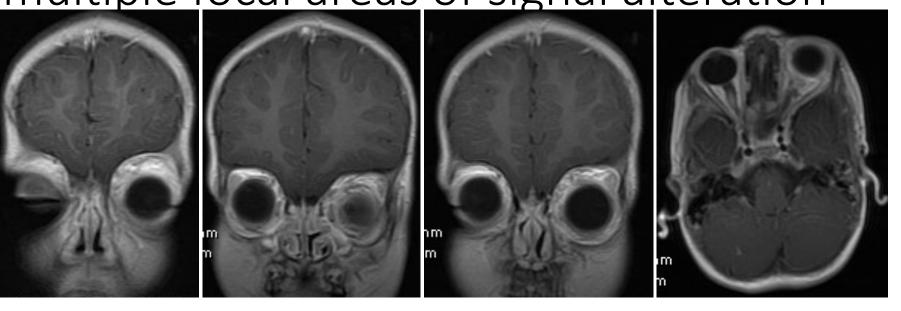
- The right optic nerve is thickened shows an oval shaped lesion in its intraocular portion exhibits hypersignal in T2 and iso to hypersignal in T1 with homogenous enhancement after contrast injection .. suggestive of optic nerve glioma
- The left optic nerve is sthickned and tortous, a focal area of altered signal is seen in the left side ( the optic chiasma extending to the left optic nerve, exhibits hypersignal in T2 and iso to hypersignal in T1 showing homogenous enhancement after contrast injection suggestive of
- Swollon left superior rectus muscle with unclear surrounding extraocular fat.
- NB: repitition of the orbital MRI examination with contrast is highly recommended to confirm our diagnoisis and to exclude diffuse plexiform neurofibromas of the left orbit

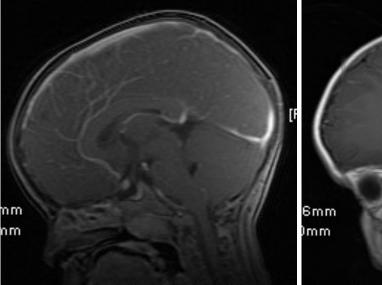
Picture suggestive of Neurofibromatosis type I

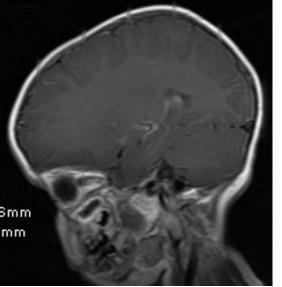
MUCH OBLIGED

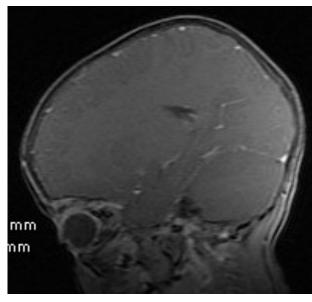
Dr./ Beshov Nasef

Dr./ Ahmed Deif ... MD





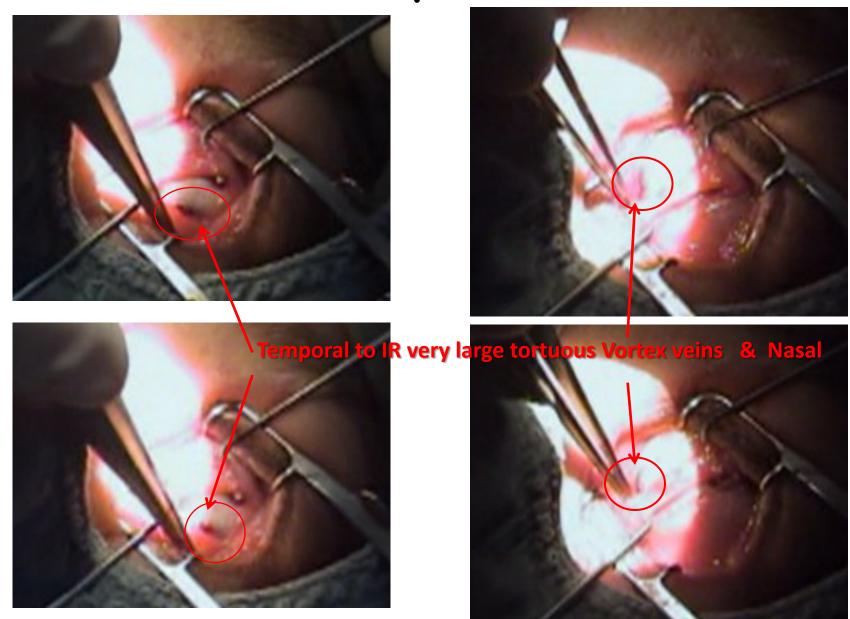




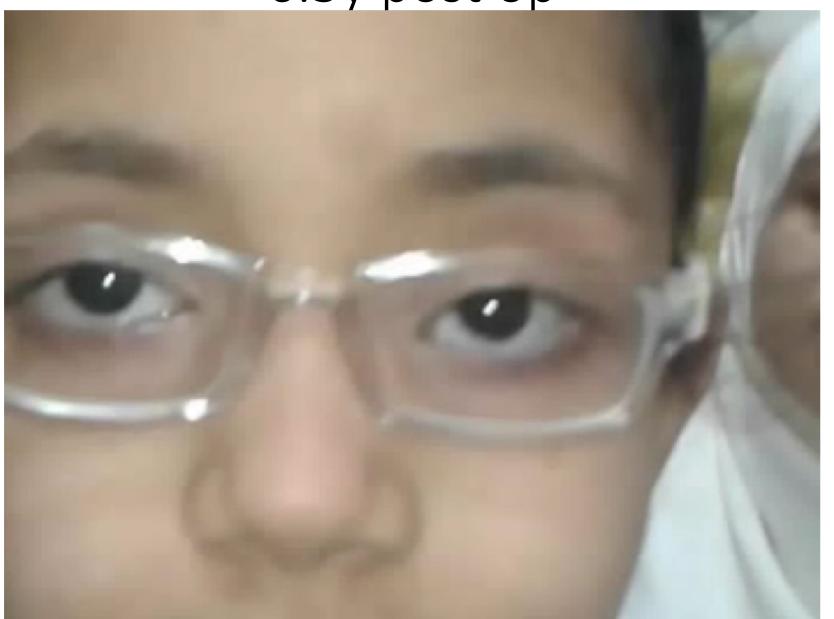
#### 3 months



### Intra-Op IR & VV



6.5y post op



### **Esotropia**

### Neurofibromatosis & Optic Nerve Glioma

8m old boy (twins) Preterm 28w/gp 1.1kg/bw 1m/O2



#### Fundus





At 1y old



#### 1y Post Bi-MR Botox Injection 5y

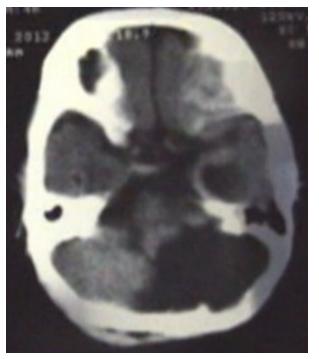


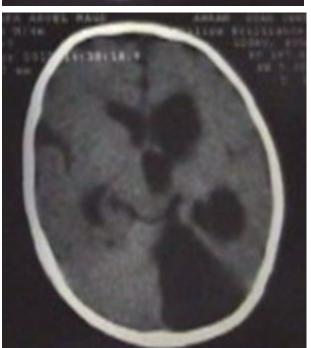
### **Esotropia**

Remnant Hyaloid Artery ROP??

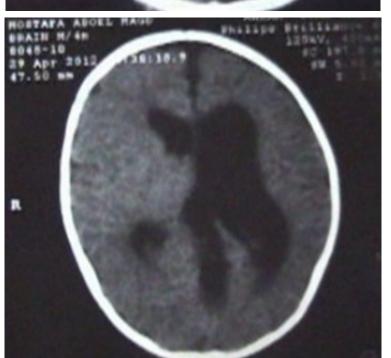
4m old boy. Rt waxy disc fixed pupil Ref.:+5.00















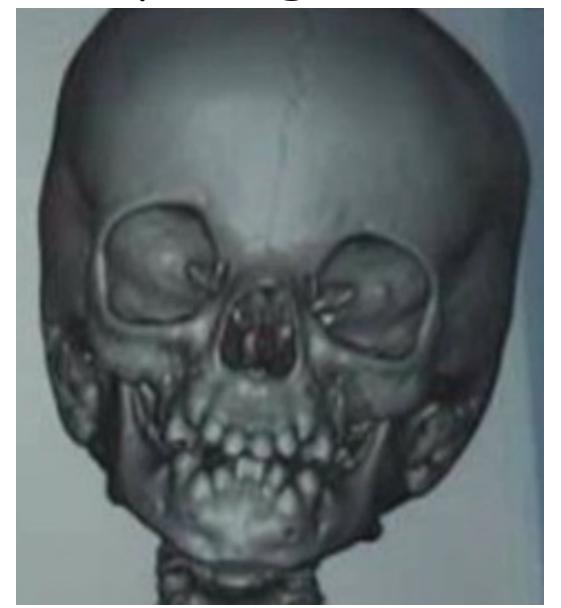
### Rt Exotropia & Hypotropia

**Cerebral Atrophy** 

2y old girl. Craniofacial anomaly??



### 2y old girl. Craniofacial anomaly??



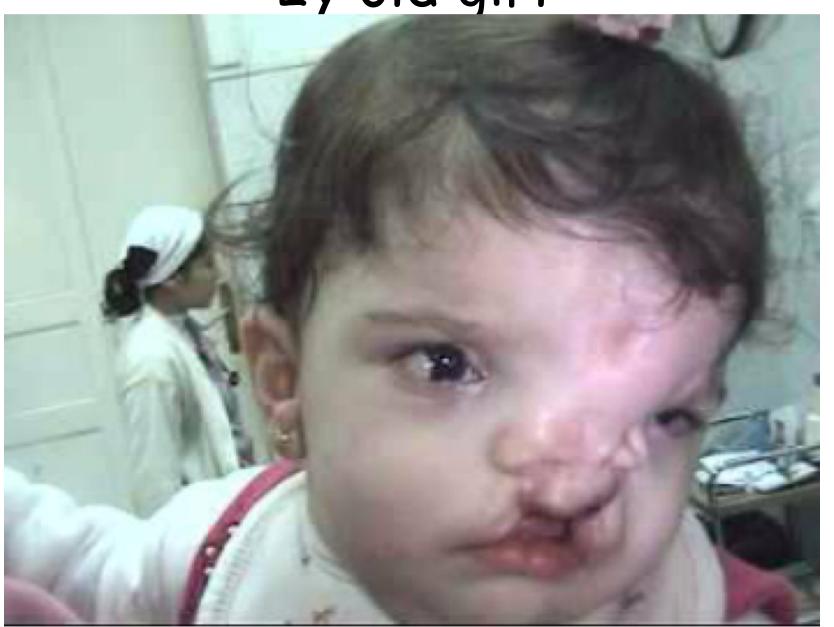


2m post op



### Exotropia

2y old girl



### **Exotropia**

# Facial Anomalies Goldenhar ?? Hypertelorism

## Thank you