CASE HISTORY: INNERVATIONAL ANOMALY AND HEAD TURN

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Lorraine, a somewhat retarded 15 year old girl, presented with a head turn of 20° to the right, chin slightly up, and a right convergent squint with hypotropia.(Fig.1) Vision of the right eye was 6/60, left 6/6. There was no refractive error.

The patient was able to direct her eyes into most positions of gaze, but with bizarre results. In particular attempted gaze to the right resulted in abduction of the right eye with simultaneous abduction of the left eye which caused considerable pain. (Figure 2). This anomalous divergence followed an A pattern, being most marked in depression. The left eye could be brought into primary position, but efforts to do so, with the head held rigidly straight, caused great discomfort. All evidence suggested a complex innervational anomaly.

In view of the mental retardation and satisfactory appearance with the compensatory head posture, the first inclination was to leave such a complex squint alone. But considerable discomfort was felt in any position of gaze except the one requiring the head turn, and Lorraine's guardians were concerned that the head turn itself might be an obstacle to her future happiness. A left lateral rectus recession of 8-9mm. was suggested as likely to reduce both the primary exodeviation and the head turn.

This surgery was subsequently performed with good results as regards both the head position and comfort. (Figure 3).

My thanks go to Dr. Lindsay Jones for allowing me to present this case, and to the Photography Department, Royal Victorian Eye and Ear Hospital, for patience in preparing illustrations.

(1) Usual position (2) Attempts right gaze (3) Left eye fixing in primary position

Before surgery After surgery