

CASE REPORT: ALTERNATE DAY SQUINT TREATED WITH PRISMS WITHOUT THE NEED FOR SURGERY

Josefine Attwenger, Orthoptist.
Landeskrankenhaus, Sehschule,
Salzburg, Austria

History:

A girl aged 9 years presented with an alternate day esotropia which was first seen at 3 years of age. Since that time the patient had been under continuous observation by different ophthalmologists and orthoptists without any change in the condition. Treatment had included glasses, occlusion and press-on prisms which only increased the angle of deviation but did not change the character of the squint.

Clinical Findings:

The child was first seen in the Sehschule Salzburg in August 1977 when she attended on a non-squinting day. The visual acuity was normal and equal.

The cover-test showed a small esophoria which measured 12Δ for near and distance by prism covertest. On the synoptophore there was an angle of $+6^\circ$ with simultaneous foveal perception slides and a fusion range of 19° . There was a normal response to the after-image test.

Ocular movements showed a slight overaction of both inferior obliques. Four Worth's lights were seen for near and distance and there was a stereo acuity of 60" with the TNO test. Refraction under cyclopentolate revealed a low degree of hypermetropia which was corrected.

A further examination was carried out 5 days later on a squinting day when the angle of deviation measured 45Δ base out by prism cover test and $+24^\circ$ on the synoptophore. Constant diplopia was present. The child was very disturbed by the cosmetic appearance and by the diplopia.

Treatment:

After discussion with the child and her parents it was decided to admit her to hospital for a few days observation. On the first day the angle measured 45Δ . Press-on prisms, 20Δ base out on one

lens and 25Δ base out on the other, resulted in super-imposition of the diplopia. I invited the girl, who was very pleasant and cooperative, to be my assistant in the clinic, where she played with the younger children, switched on lights, stuck stamps on envelopes and so on. In the afternoon of the first day it was possible to reduce the prisms to a total of 30Δ and the deviation remained compensated. The next day, which should have been a non-squinting day, the prisms were reduced to 10Δ . Fusion was possible, both in space and on the synoptophore. The next day, normally a squinting day, the prisms were reduced to 8Δ and the deviation remained latent with binocular single vision but with an esotropia without the prisms.

After 4 days hospitalisation the girl was sent home wearing a total of 8Δ base out. Two weeks later her eyes were straight without prisms and in another month the cover test showed a small esophoria both with and without the low hypermetropic correction. The diplopia had resolved and the squint had not been seen at home. Since that time the squint has not recurred and binocular single vision has been maintained.

Comment.

This case is unusual in that the alternate day squint had been present unchanged for 6 years. Other authors^{1,2} have reported on cases in which the alternating pattern changed to an irregular cycle and eventually resulted in a constant deviation which required surgery.

The patient reported was the child of intelligent academic parents. The squint dictated the family's social life, all events were arranged for non-squinting days and when they coincided with squinting days they remained at home.

I believe there was a psychological problem and this probably lay behind the alternate day squint. By gaining the child's confidence and her friend-

ship it was possible to convince her that she could control the squint. Since she was been able to maintain binocular single vision she has become more confident and much happier.

REFERENCES

1. ROPER HALL, M.J. and YAPP, J. M. S.: "Alternative Day Squint." Transactions of the First Internat. Congress of Orthoptists . H. Kimpton, London (1968)S 262-271.
2. MATTHEUS, S.: "Alternate Day Squint". Arbeitskreis Schielbehandlung, Bd.6 (1976) 150-153.

CASE REPORT: SURGERY FOR CONVERGENCE INSUFFICIENCY

Helen Hawkeswood, D.O.B.A.

M.L. was referred aged 18 years, suffering from severe headaches and almost constant diplopia for near. She had a small exophoria of 3° for distance with 6° for convergence, a near point of 44 cm. and an exo deviation of $14\Delta - 18\Delta$ on the Maddox wing.

She was in her final year of school and was only able to continue studying by shutting her right eye. She had recently been prescribed her first pair

of glasses, R -3.50 6/6 and L -3.25 6/6-4. With -0.50

these she was having great difficulty as she could clear N/12 binocularly for only a short time before the print blurred.

At this stage she was visiting a psychiatrist who had her on some form of "relaxing" tablets.

The usual form of treatment was commenced, eliminating suppression at her angle and trying to

improve her convergence. After some treatment, she showed little to no improvement, although with her glasses on she held at zero and her near point improved to 16 cm. at best but usually was 30 cms only. She converged on the machine to 10° .

She then decided to go overseas, having gained the Higher School Certificate, and on her return she sought further help which resulted in surgery, resection of the left medial rectus. A week later she was fusing at zero, converging to 30° and her convergence near point was 5 cms. A few visits later she was symptom free with a full convergence near point, and 50° of convergence on the synoptophore and a Maddox wing reading of exophoria 4Δ to orthophoria.

I would like to express my thanks to Dr. G. Burfitt-Williams for allowing me to present these facts.