

All about Accommodative Esotropia

Short Communication

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Abstract

This paper describes about accommodative esotropia, its clinical features and its treatment.

Keywords: Accommodative Esotropia; Partially Accommodative Esotropia

Introduction

Accommodative Esotropia is usually associated with Hypermetropic Refractive error, so it is also known as "Refractive Esotropia" or "Hypermetropic Esotropia". Most of the time it is associated with +2.00 D or more than or upto +6.00D. Accommodative Esotropia is mostly associated with High AC/A ratio, i.e.in case of High AC/A ratio, there is a variation between distance and near ocular deviation. In case of high AC/A ratio, there is more ocular deviation at near as compared to distance. Eye will be more convergent at near than distance deviation. So, it shows that eye accommodates more at near as compared to distance. This type of deviation needs urgent consultation in proper time otherwise eye will be amblyopic. Accommodative Esotropia usually presents as intermittent stages initially but due to low fusional vergence and other reasons, it becomes Accommodative Esotropia [1-3].

Clinical Features

Usually, it is present from infancy to late childhood stages. Always cycloplegic refraction should be performed and its dosage should be dependent on the patient's age. Cycloplegic Refraction reveals that patient is hypermetropic and its range is +1.50 D to +6.50 D. In this case, patient is always instructed to look at Accommodative target and follow the ocular deviation. Complaint of parents will be during near work and tiredness, child's eyes are cross.

Treatment

Cycloplegic Refraction should be performed and full amount of correction should be given. In case, AC/A ratio is high after full correction, then bifocal spectacles should be given. Cut section of the bifocal lens should be placed in front of the pupil to maintain accommodation. Child should be advised to wear glasses intermittently than constantly. Atropine should be advised in serious cases when patient is getting problems with spectacles [4].

If ocular deviation is within 10 PD with spectacle correction it is a normal condition. If ocular deviation is more than 10 PD for distance and near instead of wearing spectacles for more than 6 to 8 weeks, Medial Rectus muscle recession should be done. This is called Partially Accommodative Esotropia. Bilateral MR Recession is an indicative factor [5].

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