An A or V pattern strabismus is simply one that...
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze.
A/V Strabismus

A-pattern exotropia
A/V Strabismus

V-pattern exotropia
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. Occurs in about 20% of strabismus cases.
A/V Strabismus

- An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze.
- Occurs in about 20% of strabismus cases.
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases. Can be secondary to:

1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

Serious congenital problem w/ secondary EOM effects
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases. Can be secondary to:

1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis
An **A or V pattern** strabismus is simply one that changes magnitude in up- and downgaze. 

---

Which pattern (A vs V) is associated with which oblique overaction?

---

--SO overaction causes…

--IO overaction causes…

---

Can be secondary to:

1) **Oblique** dysfunction
2) Horizontal or vertical rectus **dysfunction**
3) **Craniosynostosis**
An **A or V pattern** strabismus is simply one that changes magnitude in up- and downgaze. Occurs in about 20% of strabismus cases. Can be secondary to:

1. **Oblique dysfunction**
2. **Horizontal or vertical rectus dysfunction**
3. **Craniosynostosis**

Which pattern (A vs V) is associated with which oblique overaction?

--SO overaction causes... **A pattern strabismus** *(A’s are ‘superior’)*
--IO overaction causes... **V pattern strabismus**
Q

- An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze.
- Occurs in about 20% of strabismus cases.
- Can be secondary to:
  1) Oblique dysfunction
  2) Horizontal or vertical rectus dysfunction
  3) Craniosynostosis

To what does the term craniosynostosis refer?

Premature closure produces abnormal growth patterns of the skull and face. Depending upon which suture(s) closes prematurely, specific and well-recognized patterns of craniofacial malformation may result.
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases. Can be secondary to:
1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

To what does the term craniosynostosis refer? To the premature closing of cranial suture(s).
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. Occurs in about 20% of strabismus cases. Can be secondary to:

1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

To what does the term craniosynostosis refer?
To the premature closing of cranial suture(s)

What results from premature suture closing?

Craniosynostosis
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze.

- Occurs in about 20% of strabismus cases.

- Can be secondary to:
  1. Oblique dysfunction
  2. Horizontal or vertical rectus dysfunction
  3. Craniosynostosis

**A/V Strabismus**

---

**To what does the term craniosynostosis refer?**
To the premature closing of cranial suture(s).

**What results from premature suture closing?**
Premature closure produces abnormal growth patterns of the skull and face. Depending upon which suture(s) closes prematurely, specific and well-recognized patterns of craniofacial malformation may result.
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. Occurs in about 20% of strabismus cases. Can be secondary to:

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2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

To what does the term craniosynostosis refer? To the premature closing of cranial suture(s)

What results from premature suture closing? Premature closure produces abnormal growth patterns of the skull and face. Depending upon which suture(s) closes prematurely, specific and well-recognized patterns of craniofacial malformation may result.

Craniosynostoses?

What is the other broad category of craniofacial syndrome?
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. Approximately 20% of strabismus cases occur in this manner. Can be secondary to:

1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

To what does the term craniosynostosis refer?
To the premature closing of cranial suture(s)

What results from premature suture closing?
Premature closure produces abnormal growth patterns of the skull and face. Depending upon which suture(s) closes prematurely, specific and well-recognized patterns of craniofacial malformation may result.

Craniosynostoses

What is the other broad category of craniofacial syndrome?
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases. It can be secondary to:

1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

To what does the term craniosynostosis refer?
To the premature closing of cranial suture(s)

What results from premature suture closing?
Premature closure produces abnormal growth patterns of the skull and face. Depending upon which suture(s) closes prematurely, specific and well-recognized patterns of craniofacial malformation may result.

Craniosynostoses
Not craniosynostoses

Which not-craniosynostosis craniofacial malformations are addressed in the Peds book?
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. Occurs in about 20% of strabismus cases. Can be secondary to:

1) Oblique dysfunction
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3) Craniosynostosis

To what does the term craniosynostosis refer?
To the premature closing of cranial suture(s)

What results from premature suture closing?
Premature closure produces abnormal growth patterns of the skull and face. Depending upon which suture(s) closes prematurely, specific and well-recognized patterns of craniofacial malformation may result.

Two categories of craniofacial syndrome

Which not-craniosynostosis craniofacial malformations are addressed in the Peds book?
- Goldenhar
- Treacher Collins
- Pierre Robin sequence
- Fetal alcohol
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze.

Occurs in about 20% of strabismus cases.

Can be secondary to:
1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

To what does the term craniosynostosis refer?
To the premature closing of cranial suture(s).

What results from premature suture closing?
Premature closure produces abnormal growth patterns of the skull and face. Depending upon which suture(s) closes prematurely, specific and well-recognized patterns of craniofacial malformation may result.

Craniosynostoses

Not craniosynostoses

Goldenhar
Treacher Collins
Pierre Robin sequence
Fetal alcohol

Which craniosynostosis syndromes are addressed in the Peds book?
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. Occurs in about 20% of strabismus cases.

Can be secondary to:
1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

To what does the term craniosynostosis refer?
To the premature closing of cranial suture(s)

What results from premature suture closing?
Premature closure produces abnormal growth patterns of the skull and face. Depending upon which suture(s) closes prematurely, specific and well-recognized patterns of craniofacial malformation may result.

Craniosynostoses

--Crouzon
--Apert
--Pfeiffer
--Saethre-Chotzen

Not craniosynostoses

--Goldenhar
--Treacher Collins
--Pierre Robin sequence
--Fetal alcohol

Which craniosynostosis syndromes are addressed in the Peds book?
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases. It can be secondary to:

1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases. It can be secondary to:

1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with? V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases. Can be secondary to:

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2) Horizontal or vertical rectus dysfunction
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What strabismus pattern are craniosynostoses usually associated with? V-pattern XT

Which three craniosynostoses are associated with V-pattern XT? --?
--?
--?
- An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze.
- Occurs in about 20% of strabismus cases.
- Can be secondary to:
  1) Oblique dysfunction
  2) Horizontal or vertical rectus dysfunction
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What strabismus pattern are craniosynostoses usually associated with?
V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?
--Crouzon syndrome
--Apert syndrome
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What strabismus pattern are craniosynostoses usually associated with?
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--Crouzon syndrome
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What strabismus pattern are craniosynostoses usually associated with? V-pattern XT

Which three craniosynostoses are associated with V-pattern XT? 
--Crouzon syndrome  
--Apert syndrome  
--Pfeiffer syndrome

An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. 

Occurs in about 20% of strabismus cases.

Can be secondary to: 
1) Oblique dysfunction  
2) Horizontal or vertical rectus dysfunction  
3) Craniosynostosis

All three craniosynostoses have similar facies. How can they be differentiated? 

Crouzon syndrome: Characteristic facies only

Apert syndrome: Facies + syndactyly of hands and feet

Pfeiffer syndrome: Facies + broad thumbs and broad big toes
Crouzon syndrome: Characteristic facies
What strabismus pattern are craniosynostoses usually associated with? V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?

--- Crouzon syndrome
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What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?

- Crouzon syndrome
- **Apert syndrome**
- Pfeiffer syndrome
Apert syndrome: Characteristic facies and marked syndactyly
What strabismus pattern are craniosynostoses usually associated with?
V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?
- Crouzon syndrome
- Apert syndrome
- Pfeiffer syndrome

A/V Strabismus

All three craniosynostoses have similar facies. How can they be differentiated?
Crouzon syndrome: Characteristic facies only
Apert syndrome: Facies + syndactyly of hands and feet

Mnemonics:
‘Patients with Apert syndrome can’t get their fingers and toes apert’ (apart)
‘Michelle Pfeiffer has huge thumbs and toes’

A
- An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze
- Occurs in about 20% of strabismus cases
- Can be secondary to:
  1) Oblique dysfunction
  2) Horizontal or vertical rectus dysfunction
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An A or V pattern strabismus is simply one that changes magnitude in up-down gaze. It occurs in about 20% of strabismus cases. Can be secondary to:

1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with? V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?
--Crouzon syndrome
--Apert syndrome
--Pfeiffer syndrome

Mnemonics:
‘Patients with Apert syndrome can’t get their fingers and toes apert’ (apart)

‘Michelle Pfeiffer has huge thumbs and toes’

All three craniosynostoses have similar facies. How can they be differentiated?

Crouzon syndrome: Characteristic facies only
Apert syndrome: Facies + syndactyly of hands and feet
Pfeiffer syndrome: Facies + ?
What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?

--Crouzon syndrome
--Apert syndrome
--Pfeiffer syndrome

An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze.

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Can be secondary to:
1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
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All three craniosynostoses have similar facies. How can they be differentiated?

**Crouzon syndrome:** Characteristic facies only

**Apert syndrome:** Facies + syndactyly of hands and feet

**Pfeiffer syndrome:** Facies + broad thumbs and broad big toes

Mnemonics:

‘Patients with Apert syndrome can’t get their fingers and toes apert’ (apart)
Pfeiffer syndrome: Characteristic facies, broad thumbs/great toes
What strabismus pattern are craniosynostoses usually associated with?
V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?
-- Crouzon syndrome
-- Apert syndrome
-- Pfeiffer syndrome

A/V Strabismus

All three craniosynostoses have similar facies. How can they be differentiated?
Crouzon syndrome: Characteristic facies only
Apert syndrome: Facies + syndactyly of hands and feet
Pfeiffer syndrome: Facies + broad thumbs and broad big toes

Mnemonics:
‘Patients with Apert syndrome can’t get their fingers and toes apert’ (apart)
‘Michelle Pfeiffer has huge thumbs and toes’ (not really)

An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze

- Occurs in about 20% of strabismus cases

Can be caused by:
1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis
3) Craniosynostosis

**What strabismus pattern are craniosynostoses usually associated with?**

V-pattern XT

**Which three craniosynostoses are associated with V-pattern XT?**

--Crouzon syndrome
--Apert syndrome
--Pfeiffer syndrome
Mnemonics:
'Patients with Apert syndrome can't get their fingers and toes apart' (apert)
Michelle Pfeiffer has huge thumbs and toes

An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze
- Occurs in about 20% of strabismus cases
- Can be secondary to:
  1) Oblique dysfunction
  2) Horizontal or vertical rectus dysfunction
  3) Craniosynostosis

In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?
- Hypertelorism
- Telecanthus
- Shallow orbits
- Extorsion of the orbits
- Papilledema

What strabismus pattern are craniosynostoses usually associated with?
V-pattern XT

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- **Pfeiffer syndrome**: Facies + broad thumbs and broad big toes

What is the difference between hypertelorism and telecanthus?

- **Hypertelorism**: refers to an abnormally increased distance between the medial orbital walls;
- **Telecanthus**: refers to an abnormally increased distance between the medial canthi. Which manifests as an increased interpupillary distance?

What strabismus pattern are craniosynostoses usually associated with?

- **V-pattern XT**

Which three craniosynostoses are associated with V-pattern XT?

- Crouzon syndrome
- Apert syndrome
- Pfeiffer syndrome
A/V Strabismus

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In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?

--hypertelorism
--telecanthus
--shallow orbits
--extorsion of the orbits
--papilledema

What is the difference between hypertelorism and telecanthus?

Hypertelorism refers to an abnormally increased distance between the medial orbital walls; telecanthus refers to an abnormally increased distance between the medial canthi.

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?

--Crouzon syndrome
--Apert syndrome
--Pfeiffer syndrome

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A/V Strabismus

All three craniosynostoses have similar facies. How can they be differentiated?

- **Crouzon syndrome**: Characteristic facies
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- **Pfeiffer syndrome**: Facies + broad thumbs and broad big toes

In addition to V-pattern XT, what other ocular abnormalities are often present in patients with craniosynostosis?

- Hypertelorism
- Telecanthus
- Shallow orbits
- Extortion of the orbits
- Papilledema

What is the difference between hypertelorism and telecanthus?

**Hypertelorism** refers to an abnormally increased distance between the medial orbital walls; **telecanthus** refers to an abnormally increased distance between the medial canthi.

Which manifests as an increased interpupillary distance?

What strabismus pattern are craniosynostoses usually associated with?

**V-pattern XT**

Which three craniosynostoses are associated with V-pattern XT?

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- Apert syndrome
- Pfeiffer syndrome
A/V Strabismus

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In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?
- - hypertelorism
- - telecanthus
- - shallow orbits
- - extorsion of the orbits
- - papilledema

---

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Which manifests as an increased interpupillary distance?

**Hypertelorism**

---

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

---

Which three craniosynostoses are associated with V-pattern XT?
- - Crouzon syndrome
- - Apert syndrome
- - Pfeiffer syndrome
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases and can be secondary to:

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2) Horizontal or vertical rectus dysfunction
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All three craniosynostoses have similar facies. How can they be differentiated?

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In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?

- Hypertelorism
- Telecanthus
- Shallow orbits
- Extorsion of the orbits
- Papilledema

What serious sequelae can result from shallow orbits?

Shallow orbits produce proptosis, which may lead to exposure keratopathy.

What strabismus pattern are craniosynostoses usually associated with?

- V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?

- Crouzon syndrome
- Apert syndrome
- Pfeiffer syndrome
A/V Strabismus

- An A/V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases.

- Can be secondary to:
  1. Oblique dysfunction
  2. Horizontal or vertical rectus dysfunction
  3. Craniosynostosis

3) Craniosynostosis

- All three craniosynostoses have similar facies. How can they be differentiated?
  - Crouzon syndrome: Characteristic facies
  - Apert syndrome: Facies + syndactyly of hands and feet
  - Pfeiffer syndrome: Facies + broad thumbs and broad big toes

- In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?
  - Hypertelorism
  - Telecanthus
  - Shallow orbits
  - Extorsion of the orbits
  - Papilledema

- What serious sequelae can result from shallow orbits?
  - Shallow orbits produce proptosis, which may lead to exposure keratopathy

- What strabismus pattern are craniosynostoses usually associated with?
  - V-pattern XT

- Which three craniosynostoses are associated with V-pattern XT?
  - Crouzon syndrome
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A/V Strabismus

An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases and can be secondary to:
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In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?
- Hypertelorism
- Telecanthus
- Shallow orbits
- Extorsion of the orbits
- Papilledema

What are the sequelae of orbital extorsion?
The location of the rectus muscles are extorted as well. For example, the medial recti are located in the superonasal orbit. Thus, when the eyes adduct they also elevate, giving the impression of IO overaction (called pseudo-IO overaction).

What strabismus pattern are craniosynostoses usually associated with?
V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?
- Crouzon syndrome
- Apert syndrome
- Pfeiffer syndrome
A/V Strabismus

An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases. It can be secondary to:

1) Oblique dysfunction
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All three craniosynostoses have similar facies. How can they be differentiated?

- Crouzon syndrome: Characteristic facies
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In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?

- hypertelorism
- telecanthus
- shallow orbits
- extorsion of the orbits
- papilledema

What are the sequelae of orbital extorsion?

The location of the rectus muscles are extorted as well. For example, the medial recti are located in the superonasal orbit.

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?

- Crouzon syndrome
- Apert syndrome
- Pfeiffer syndrome
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases and can be secondary to:
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All three craniosynostoses have similar facies. How can they be differentiated?
- **Crouzon syndrome**: Characteristic facies
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In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?
- hypertelorism
- telecanthus
- shallow orbits
- extorsion of the orbits
- papilledema

What are the sequelae of orbital extorsion? The location of the rectus muscles are extorted as well. For example, the medial recti are located in the superonasal orbit. Thus, when the eyes adduct they also elevate, giving the impression of IO overaction (called *pseudo-IO overaction*). Orbital extorsion contributes to the overall V-pattern XT.

What strabismus pattern are craniosynostoses usually associated with? *V-pattern XT*

Which three craniosynostoses are associated with V-pattern XT?
- Crouzon syndrome
- Apert syndrome
- Pfeiffer syndrome
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases and can be secondary to:

1) Oblique dysfunction
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All three craniosynostoses have similar facies. How can they be differentiated?

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- **Pfeiffer syndrome**: Facies + broad thumbs and broad big toes

In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?

- Hypertelorism
- Telecanthus
- Shallow orbits
- Extorsion of the orbits
- Papilledema

Why do craniosynostosis patients get papilledema?

Premature suture closure leads to elevated ICP, thereby producing papilledema.

What strabismus pattern are craniosynostoses usually associated with?

**V-pattern XT**

Which three craniosynostoses are associated with V-pattern XT?

- Crouzon syndrome
- Apert syndrome
- Pfeiffer syndrome
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases.

Can be secondary to:
1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

All three craniosynostoses have similar facies. How can they be differentiated?
- **Crouzon syndrome**: Characteristic facies
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In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?
- Hypertelorism
- Telecanthus
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What strabismus pattern are craniosynostoses usually associated with?
V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?
- Crouzon syndrome
- Apert syndrome
- Pfeiffer syndrome
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases and can be secondary to oblique dysfunction, horizontal or vertical rectus dysfunction, or craniosynostosis.

All three craniosynostoses have similar facies. How can they be differentiated?
- **Crouzon syndrome**: Characteristic facies
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In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?
- hypertelorism
- telecanthus
- shallow orbits
- extorsion of the orbits
- papilledema

Why do craniosynostosis patients get papilledema?
Premature suture closure leads to elevated ICP, thereby producing papilledema.

A-pattern strabismus is associated with another congenital condition involving abnormal closure of the skeleton housing the CNS—what is that condition?

What strabismus pattern are craniosynostoses usually associated with?
- V-pattern XT

Which three craniosynostoses are associated with V-pattern XT?
- Crouzon syndrome
- Apert syndrome
- Pfeiffer syndrome
An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze. It occurs in about 20% of strabismus cases and can be secondary to:
1) Oblique dysfunction
2) Horizontal or vertical rectus dysfunction
3) Craniosynostosis

A/V Strabismus

All three craniosynostoses have similar facies. How can they be differentiated?
- **Crouzon syndrome**: Characteristic facies
- **Apert syndrome**: Facies + syndactyly of hands and feet
- **Pfeiffer syndrome**: Facies + broad thumbs and broad big toes

In addition to V-pattern XT, what other ocular abnormalities are often present in pts with craniosynostosis?
- Hypertelorism
- Telecanthus
- Shallow orbits
- Extorsion of the orbits
- Papilledema

Premature suture closure leads to elevated ICP, thereby producing papilledema.

A-pattern strabismus is associated with another congenital condition involving abnormal closure of the skeleton housing the CNS—what is that condition?
- Spina bifida

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**Management of A/V pattern strabismus**

--Correct overaction if present
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**Management of A/V pattern strabismus**

- Correct oblique overaction if present
- Focus on primary and reading positions
- If no oblique overaction, correct by displacing the medial and lateral recti according to the mnemonic MALE: Transpose the medial recti toward the apex, and the lateral recti toward the empty space
- Plan and correct the horizontal deviation independently
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--*Rule of thumb*: Large A/V deviations usually involve oblique overaction

**MALE**

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---

**Same EOM**

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A/V Strabismus

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- **A**xial displacement of the **L**ateral recti toward the **E**mpty space.

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  - Transpose the *Medial recti* toward the *Apex*, and the *Lateral recti* toward the *Empty space*

---Plan and correct the horizontal deviation **independently**

---A pattern---

---V pattern---