

A/V Strabismus

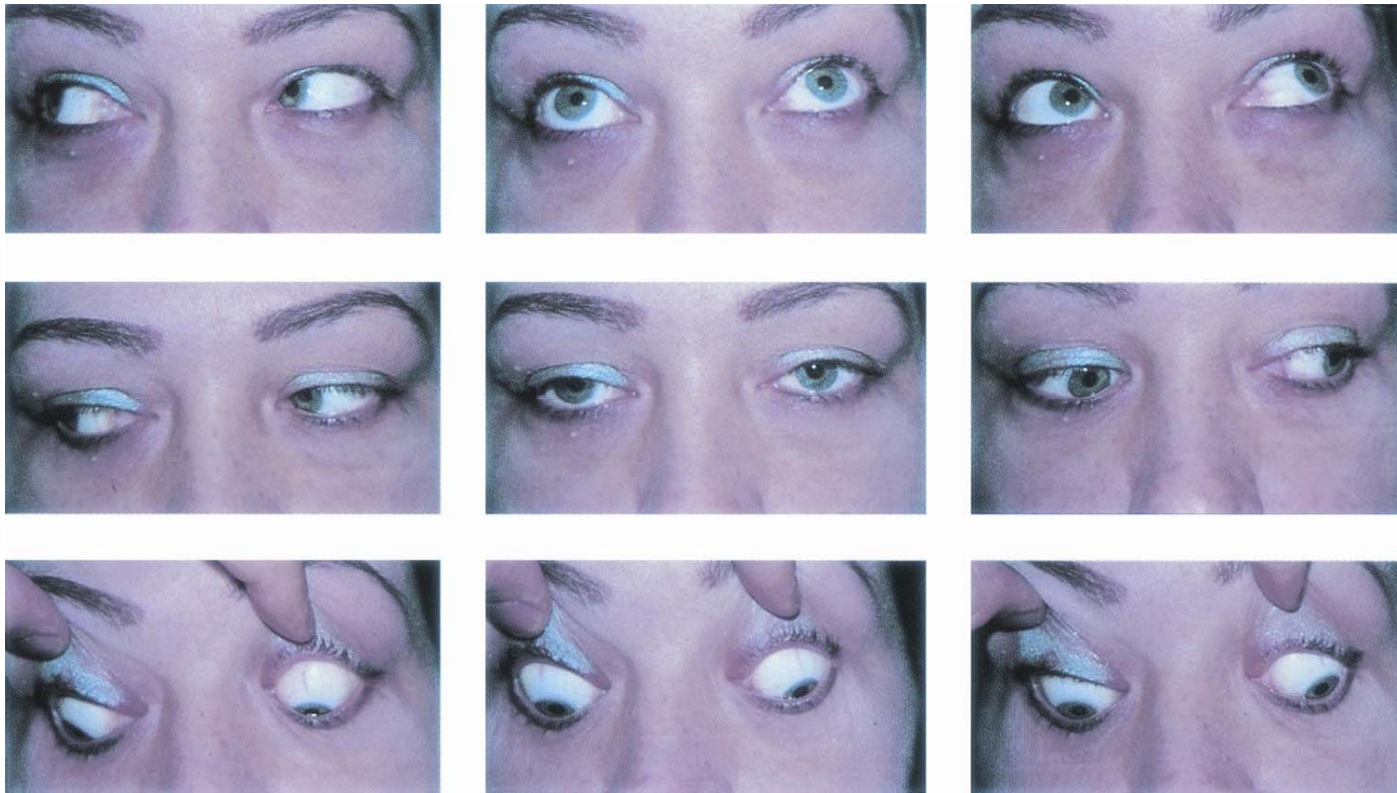
Q

- An A or V pattern strabismus is simply one that



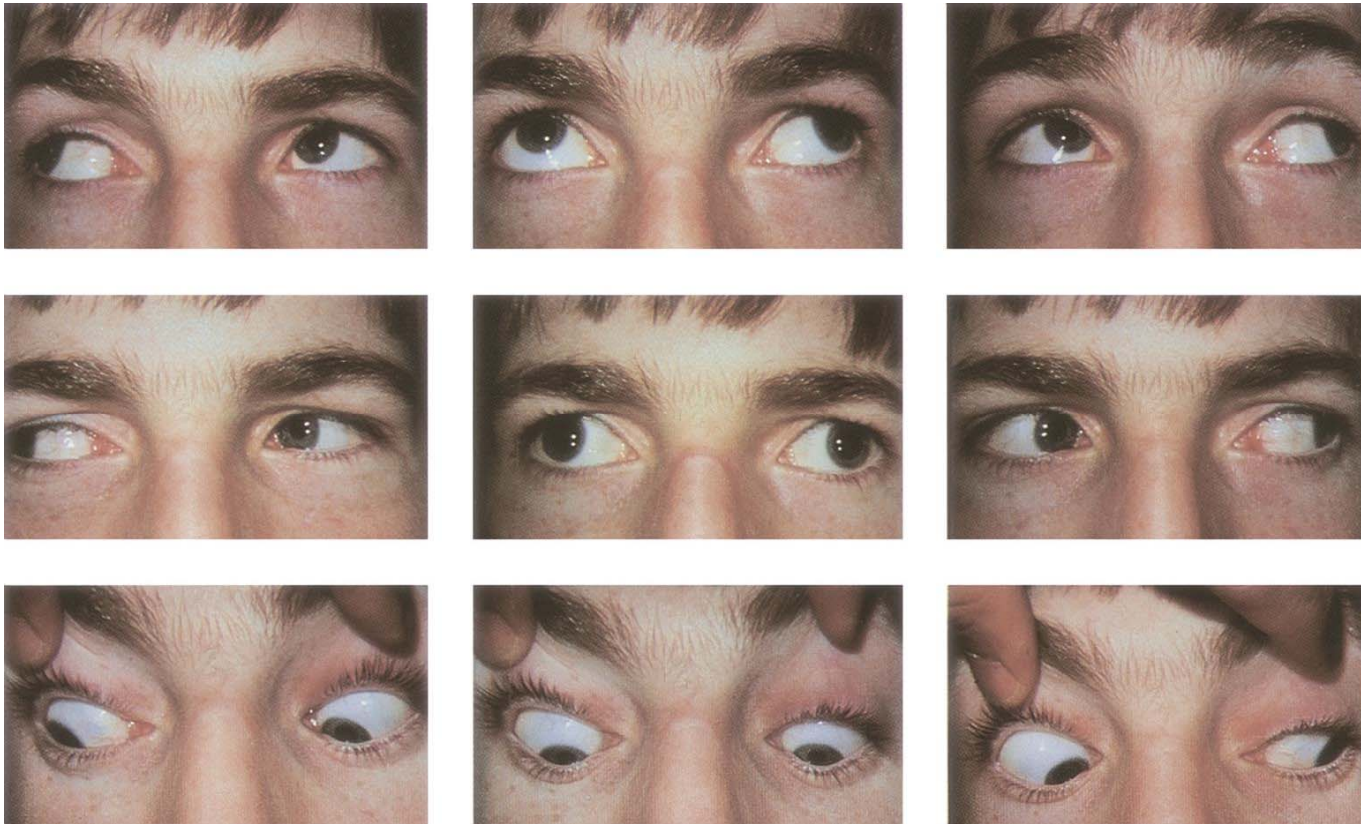


A/V Strabismus

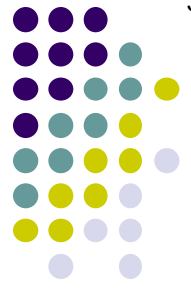


A-pattern exotropia

A/V Strabismus



V-pattern exotropia

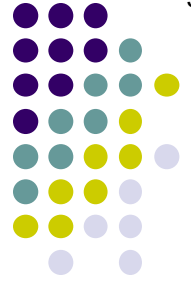


A/V Strabismus

A

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





A/V Strabismus

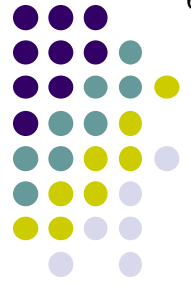
Q

- An A or V pattern strabismus is simply one that **changes magnitude in up- and downgaze**
 - Occurs in about % of strabismus cases

A/V Strabismus

A

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

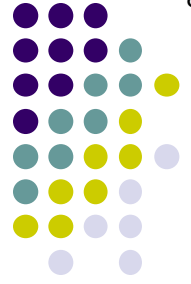




A/V Strabismus

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) **EOM problem** dysfunction
 - 2) **a different EOM problem** dysfunction
 - 3) **serious congenital problem w/ secondary EOM effects**



A/V Strabismus

A

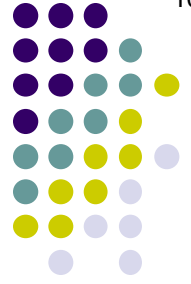
- An A or V pattern strabismus is simply one that **changes magnitude in up- and downgaze**
 - Occurs in about **20%** of strabismus cases
- Can be secondary to:
 - 1) **Oblique** dysfunction
 - 2) **Horizontal or vertical rectus** dysfunction
 - 3) **Craniosynostosis**



A/V Strabismus

Q

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



A/V Strabismus

A

- An **A or V pattern** strabismus is simply one

that changes magnitude in up and down gaze

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

--SO overaction causes... **A pattern strabismus** (A's are 'superior')

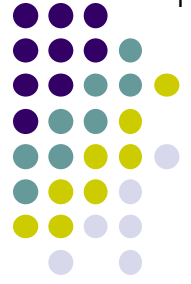
--IO overaction causes... **V pattern strabismus**

- Can be secondary to:

1) **Oblique** dysfunction

2) **Horizontal or vertical rectus** dysfunction

3) **Craniosynostosis**



A/V Strabismus

Q

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

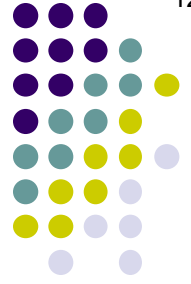
● Occurs in about 100% of patients
To what does the term craniosynostosis refer?

● Can be

1) Oblique

2) Horizontal

3) **Craniosynostosis**

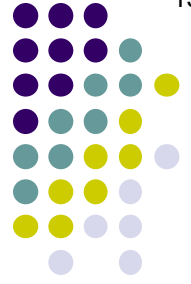


A/V Strabismus

A

- An A or V pattern strabismus is simply one that changes magnitude in up- and downgaze
- Occurs in about 100% of patients
- Can be
 - 1) Oblique
 - 2) Horizontal
 - 3) **Craniosynostosis**

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



A/V Strabismus

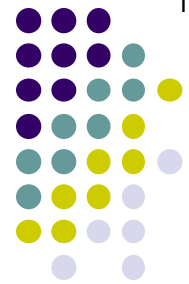
Q

- An A or V pattern strabismus is simply one that **changes magnitude in up- and downgaze**
 - Occurs in about 100% of patients
- Can be
 - 1) Oblique
 - 2) Horizontal
 - 3) **Craniosynostosis**

To what does the term craniosynostosis refer?

To the premature closing of cranial suture(s)

What results from premature suture closing?



A/V Strabismus

A

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

- Occurs in about 10% of children

- Can be

- 1) **Oblique** *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.
- 2) **Horizontal**

- 3) **Craniosynostosis**

A/V Strabismus

Q

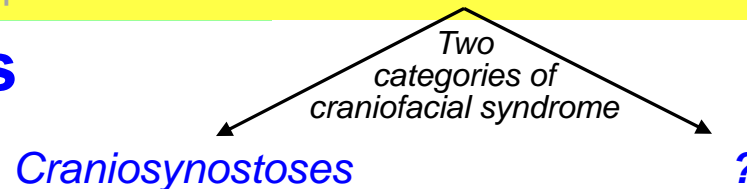
- An A or V pattern strabismus is simply one that **changes magnitude in up- and downgaze**

- Occurs in about 100% of patients

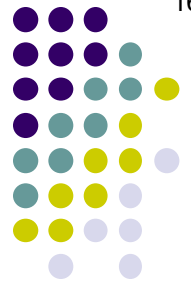
- Can be

- 1) **Oblique**
 - 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.
- 2) **Horizontal**

- 3) **Craniosynostosis**



What is the other broad category of craniofacial syndrome?



A/V Strabismus

A

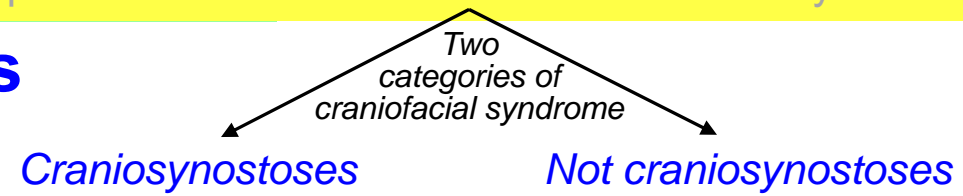
- An A or V pattern strabismus is simply one that **changes magnitude in up- and downgaze**

- Occurs in about 100% of patients

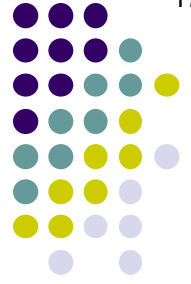
- Can be

- 1) **Oblique** *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.
- 2) **Horizontal**

- 3) **Craniosynostosis**



What is the other broad category of craniofacial syndrome?



A/V Strabismus

Q

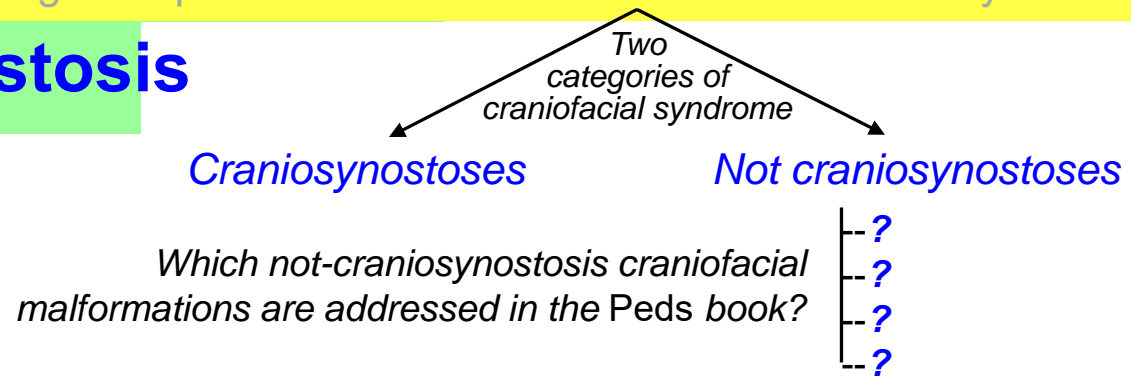
- An A or V pattern strabismus is simply one that **changes magnitude in up- and downgaze**

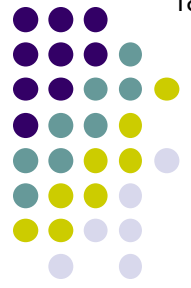
- Occurs in about 100% of patients
- Can be associated with craniosynostosis

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.

- Oblique
- Horizontal
- Craniosynostosis**





A/V Strabismus

A

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

● Occurs in about 100% of patients

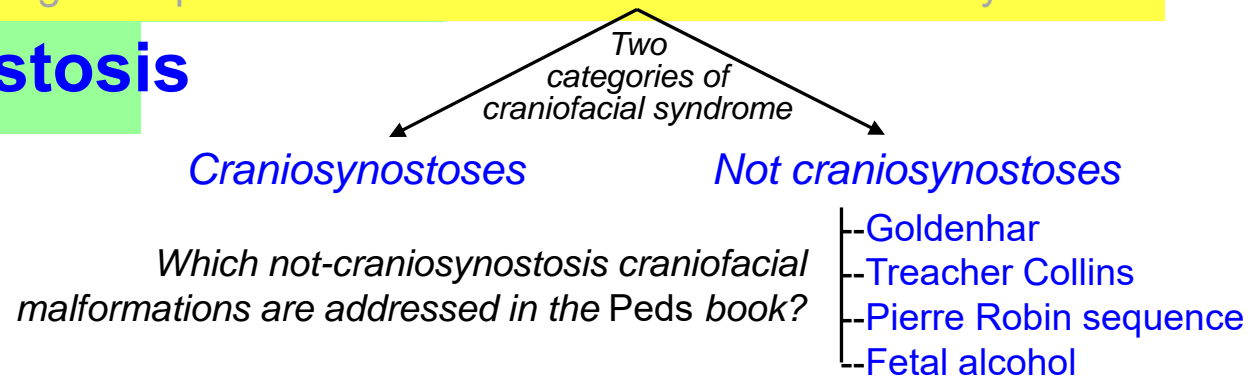
● Can be

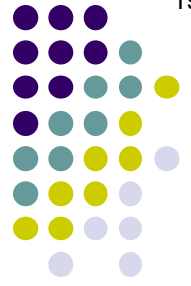
1) Oblique

2) Horizontal

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.





A/V Strabismus

Q

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

- Occurs in about 100% of patients
- Can be associated with 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.

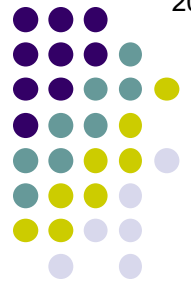
- Oblique
- Horizontal
- Craniosynostosis**



Which craniosynostosis syndromes are addressed in the Peds book?

- ?
- ?
- ?
- ?

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



A/V Strabismus

A

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

● Occurs in about 100% of patients

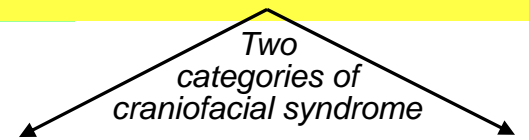
● Can be

1) Oblique

2) Horizontal

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.



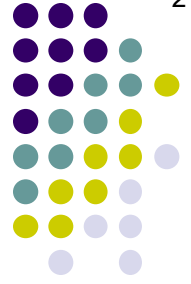
Craniosynostoses

Not craniosynostoses

Which craniosynostosis syndromes are addressed in the Peds book?

- Crouzon
- Apert
- Pfeiffer
- Saethre-Chotzen

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



A/V 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**

What strabismus pattern are craniosynostoses usually associated with?

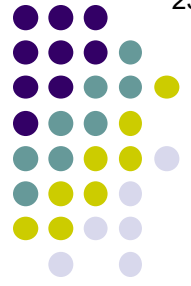


A/V Strabismus

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
 - 3) **Craniosynostosis**

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



A/V Strabismus

Q

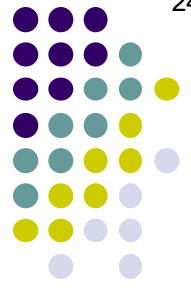
- An A or V pattern strabismus is simply one that **changes magnitude in up- and downgaze**
 - Occurs in about **20%** of strabismus cases
- Can be secondary to:
 - 1) **Oblique** dysfunction
 - 2) **Horizontal or vertical rectus** dysfunction
 - 3) **Craniosynostosis**

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--
--
--



A/V Strabismus

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
 - 3) **Craniosynostosis**

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--**Crouzon syndrome**

--**Apert syndrome**

--**Pfeiffer syndrome**

A/V Strabismus

Q

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

- An A o that ch
 - 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

What are the three most common craniosynostoses associated with V-pattern XT?

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



A/V Strabismus

A

- An A or V strabismus that **changes**
 - 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

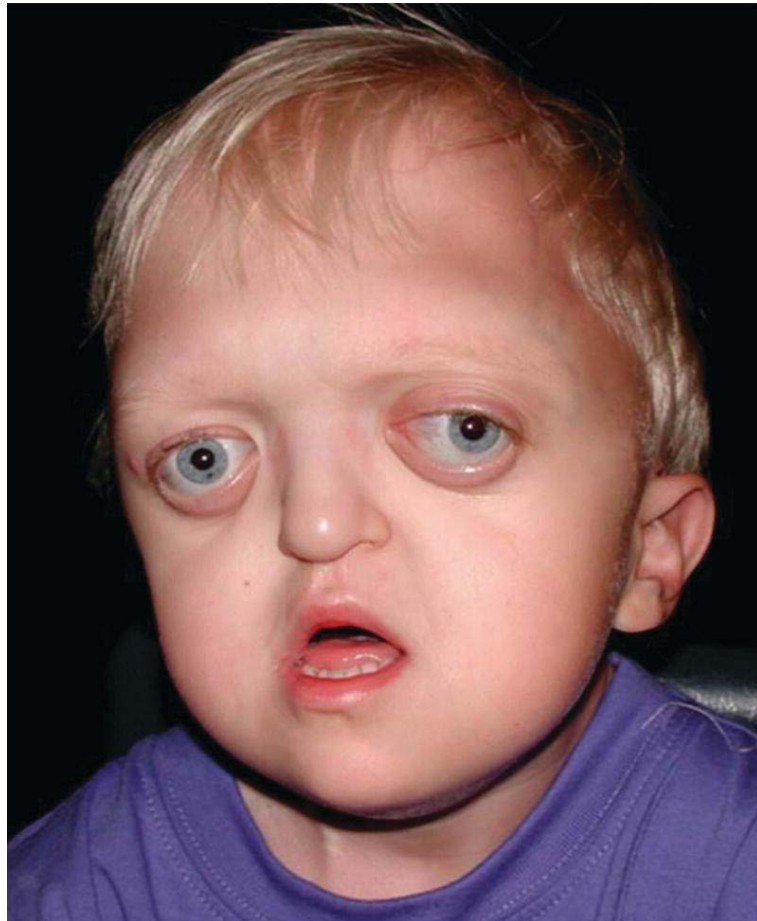
What strabismus pattern are craniosynostoses usually associated with?
V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--**Crouzon syndrome**

--Apert syndrome

--Pfeiffer syndrome



Crouzon syndrome: Characteristic facies

A/V Strabismus

Q

- An A or V strabismus that changes

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

Crouzon syndrome: Characteristic facies only

Apert syndrome: Facies +

- 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

What are the three most common craniosynostoses associated with V-pattern XT?

--Crouzon syndrome

--**Apert syndrome**

--Pfeiffer syndrome



A/V Strabismus

A

- An A or V strabismus that changes with accommodation
 - 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**

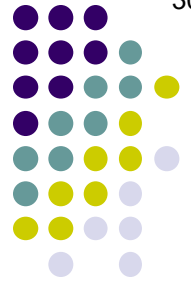
What strabismus pattern are craniosynostoses usually associated with?
V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--Crouzon syndrome

--**Apert syndrome**

--Pfeiffer syndrome



Apert syndrome: Characteristic facies and marked syndactyly

A/V Strabismus

A

- An A or V strabismus that is associated with a 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**

- Occurs in about 20% of strabismus cases

- Can be associated with:

Mnemonics:

'Patients with Apert syndrome can't get their fingers and toes **apert**' (apart)

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

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

What are the three most common craniosynostoses associated with V-pattern XT?

--Crouzon syndrome

--**Apert syndrome**

--Pfeiffer syndrome

A/V Strabismus



Q

- An A o
that ch

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 +

- Occurs in about **20%** of strabismus cases

- Can be

Mnemonics:

'Patients with Apert syndrome can't get their fingers and toes **apert**' (apart)

- 1) Obliq
- 2) Horizontal or vertical rectus dysfunction
- 3) **Craniosynostosis**

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--Crouzon syndrome

--Apert syndrome

--**Pfeiffer syndrome**

A/V Strabismus

A

- An A or V pattern that changes

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**

- Occurs in about **20%** of strabismus cases

- Can be

Mnemonics:

'Patients with Apert syndrome can't get their fingers and toes **apert**' (apart)

1) Oblique

2) Horizontal or vertical rectus dysfunction

3) **Craniosynostosis**

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--Crouzon syndrome

--Apert syndrome

--**Pfeiffer syndrome**



Pfeiffer syndrome: Characteristic facies, broad thumbs/great toes

A/V Strabismus

A

- An A or V strabismus that changes

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**

- Occurs in about **20%** of strabismus cases

- Can be

Mnemonics:

'Patients with Apert syndrome can't get their fingers and toes **apert**' (apart)

- 1) **Oblique** 'Michelle **Pfeiffer** has huge thumbs and toes' (not really)

- 2) **Horizontal or vertical rectus** dysfunction

- 3) **Craniosynostosis**

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--Crouzon syndrome

--Apert syndrome

--**Pfeiffer syndrome**

A/V Strabismus

Q

- An A o
that ch

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?

-
-
-
-
-

Cases

ingers and toes **apert'** (apart)

ction

3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--**Crouzon syndrome**

--**Apert syndrome**

--**Pfeiffer syndrome**



A/V Strabismus

A

- An A or V pattern that changes

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

cases

ingers and toes **apert'** (apart)

ction

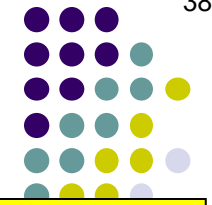
3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

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



A/V Strabismus

Q

● An A o
that ch

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**

● **--hypertelorism**
--telecanthus
--shallow orbits
--extorsion of the orb
--papilledema

What is the difference between hypertelorism and telecanthus?

3) **Craniosynostosis**

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

What are the three most common craniosynostoses associated with V-pattern XT?
--Crouzon syndrome
--Apert syndrome
--Pfeiffer syndrome

A/V Strabismus

A

- An A or V pattern that changes

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-patterns, A-patterns are often present in 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.

3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--**Crouzon syndrome**

--**Apert syndrome**

--**Pfeiffer syndrome**

A/V Strabismus

Q

- An A o
that ch

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-patterns, **hypertelorism** and **telecanthus** are often present in
 --**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.

Which manifests as an increased interpupillary distance?

3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--**Crouzon syndrome**

--**Apert syndrome**

--**Pfeiffer syndrome**



A/V Strabismus

A

- An A or V pattern that changes

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-patterns, A-patterns are often present in patients 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.

Which manifests as an increased interpupillary distance?

Hypertelorism

3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--**Crouzon syndrome**

--**Apert syndrome**

--**Pfeiffer syndrome**

A/V Strabismus

Q

- An A o
that ch

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 orbit

--papilledema

What serious sequelae can result from shallow orbits?

3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--**Crouzon syndrome**

--**Apert syndrome**

--**Pfeiffer syndrome**



A/V Strabismus

A

- An A or V pattern that changes

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 orbit

--papilledema

What serious sequelae can result from shallow orbits?

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

3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

--**Crouzon syndrome**

--**Apert syndrome**

--**Pfeiffer syndrome**

A/V Strabismus

Q

- An A o
that ch

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

Cases

ingers and toes apart' (apart)

What are the sequelae of orbital extorsion?

3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

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

A/V Strabismus

A

- An A or V pattern XT that changes with accommodation

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

Cases

... fingers and toes apart' (apart)

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.

3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

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



A/V Strabismus

Q

- An A o
that ch

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 orb
- papilledema**

Cases

ingers and toes **apert'** (apart)

Why do craniosynostosis patients get papilledema?

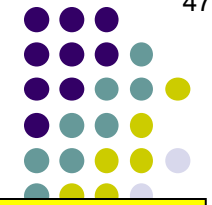
3) **Craniosynostosis**

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

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



A/V Strabismus

A

- An A or V pattern of strabismus that changes with accommodation

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**

Cases
 'Fingers and toes **apert**' (apart)

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

3) Craniosynostosis

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

What are the three most common craniosynostoses associated with V-pattern XT?
 --**Crouzon syndrome**
 --**Apert syndrome**
 --**Pfeiffer syndrome**

A/V Strabismus

Q

- An A or V pattern that characteristically

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?

cases

- --hyperopia
- telecanthia
- shallowness of the orbits
- exotropia
- papilledema

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

't' (apart)

Premature suture closure leads to elevated ICP, thereby producing papilledema

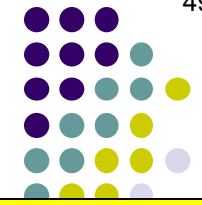
3) Craniosynostosis

What strabismus pattern are craniosynostoses usually associated with?

V-pattern XT

What are the three most common craniosynostoses associated with V-pattern XT?

- Crouzon syndrome
- Apert syndrome
- Pfeiffer syndrome



A/V Strabismus

A

- An A or V pattern that characterizes

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?

- --hyperopia
- --telecanthia
- --shallow orbits
- --exotropia
- --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

Premature suture closure leads to elevated ICP, thereby producing papilledema

3) Craniosynostosis

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

What are the three most common craniosynostoses associated with V-pattern XT?
 --**Crouzon syndrome**
 --**Apert syndrome**
 --**Pfeiffer syndrome**



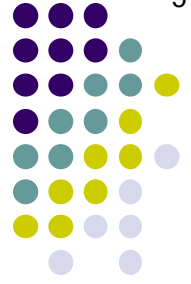
A/V Strabismus

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:

Management of A/V pattern strabismus

--Correct **EOM** overaction if present



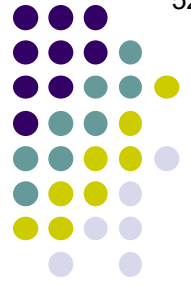
A/V Strabismus

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:

Management of A/V pattern strabismus

--Correct **oblique** overaction if present



A/V 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:

Management of A/V pattern strabismus

--Correct **oblique** overaction if present

--*Rule of thumb*: Large A/V deviations usually involve **same EOM** overaction



A/V Strabismus

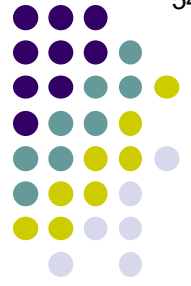
A

- 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:

Management of A/V pattern strabismus

--Correct **oblique** overaction if present

--*Rule of thumb*: Large A/V deviations usually involve **oblique** overaction



A/V 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:

Management of A/V pattern strabismus

--Correct **oblique** overaction if present

--*Rule of thumb*: Large A/V deviations usually involve **oblique** overaction

--Focus on and positions



A/V Strabismus

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:

Management of A/V pattern strabismus

--Correct **oblique** overaction if present

--*Rule of thumb*: Large A/V deviations usually involve **oblique** overaction

--Focus on **primary** and **reading** positions



A/V 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:

Management of A/V pattern strabismus

--Correct **oblique** overaction if present

--*Rule of thumb*: Large A/V deviations usually involve **oblique** overaction

--Focus on **primary** and **reading** positions

--If no oblique overaction, correct by displacing the
according to the mnemonic :

two EOMs



A/V Strabismus

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:

Management of A/V pattern strabismus

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



A/V 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:

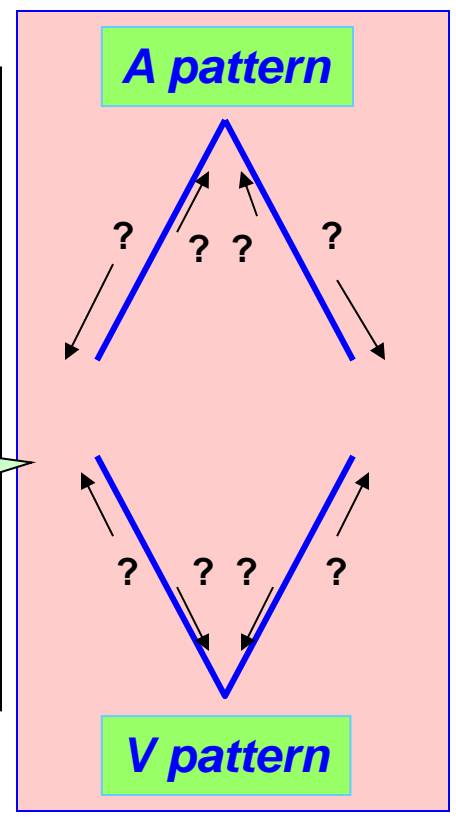
Management of A/V pattern strabismus

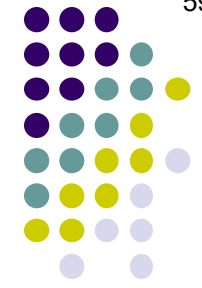
- Correct **oblique** overaction if present
 - Rule of thumb*: Large A/V deviations usually involve **oblique** overaction
- Focus on **primary** and **reading** positions
- If no oblique overaction, correct by displacing the **medial and lateral recti** according to the mnemonic **MALE**:

Transpose the

M	
A	
L	
E	

} →





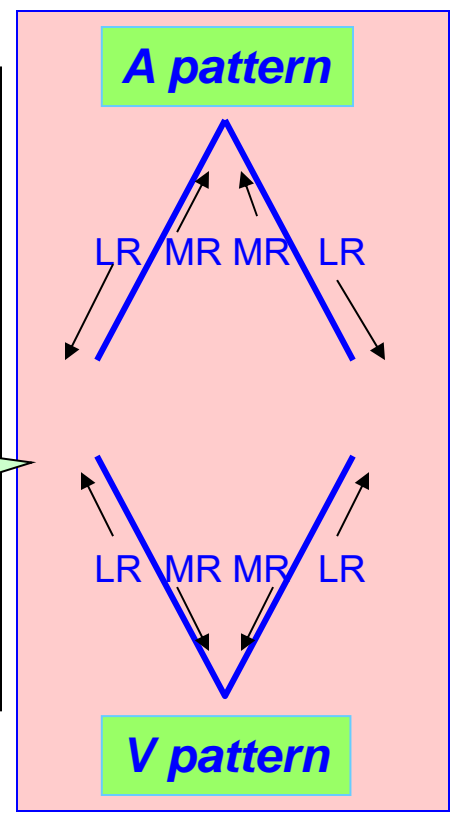
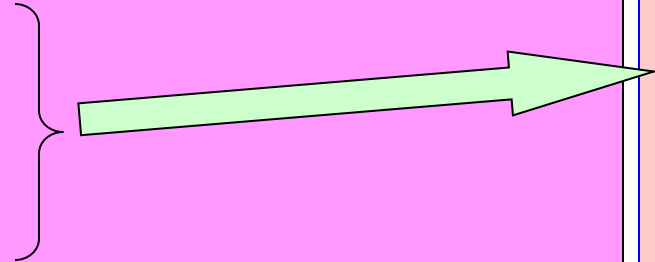
A/V Strabismus

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:

Management of A/V pattern strabismus

- Correct **oblique** overaction if present
 - Rule of thumb*: Large A/V deviations usually involve **oblique** overaction
- 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 **M**edial recti toward the **A**pex, and the **L**ateral recti toward the **E**mpy space





A/V Strabismus

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:

Management of A/V pattern strabismus

- Correct **oblique** overaction if present
 - Rule of thumb*: Large A/V deviations usually involve **oblique** overaction
- 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 **M**edial recti toward the **A**pex, and the **L**ateral recti toward the **E**mpy space
- Plan and correct the horizontal deviation **independently**

