

Strabismus

Strabismus refers to misaligned eyes. If the eyes turn inward (crossed), it is called esotropia. If the eyes turn outward (wall-eyed), it is called exotropia. Or, one eye can be higher than the other which is called hypertropia (for the higher eye) or hypotropia (for the lower eye). Strabismus can be subtle or obvious, intermittent (occurring occasionally), or constant. It can affect one eye only or shift between the eyes.

Strabismus usually begins in infancy or childhood. Some toddlers have accommodative esotropia. Their eyes cross because they need glasses for farsightedness. But most cases of strabismus do not have a well-understood cause. It seems to develop because the eye muscles are uncoordinated and do not move the eyes together. Acquired strabismus can occasionally occur because of a problem in the brain, and injury to the eye socket, or thyroid eye disease.

When young children develop strabismus, they typically have mild symptoms. They may hold their heads to one side if they can use their eyes together in that position. Or, they may close or cover one eye when it deviates, especially at first. Adults, on the other hand, have more symptoms when they develop strabismus. They have double vision and may lose depth perception. At all ages, strabismus is disturbing. Studies show school children with significant strabismus have self-image problems.

Amblyopia:

Amblyopia, or lazy eye, is closely related to strabismus. Children learn to suppress double vision so effectively that the deviating eye gradually loses vision. It may be necessary to patch the good eye and wear glasses before treating strabismus. Amblyopia does not occur when alternate eyes deviate, and adults do not develop amblyopia. (For more information, please see the page about amblyopia on our website)

Strabismus is often treated by surgically adjusting the tension on the eye muscles. The goal of surgery is to get the eyes close enough to perfectly straight that it is hard to see any residual deviation. Surgery usually improves the conditions though the results are rarely perfect. Results are usually better in young children. Surgery can be done with local anesthesia in some adults, but requires general anesthesia in children, usually as an outpatient. Prisms and Botox™ injections of the eye muscles are alternatives to surgery in some cases. Eye exercises are rarely effective.

potential for eye injury. Polycarbonate lenses are unbreakable and make excellent protection for the eyes.

Helmets with eye shields are recommended for football and other contact sports. Many sports, such as baseball, hockey, and men's lacrosse require a helmet with polycarbonate facemask or wire shield. Face guards can be worn over glasses and are used primarily for football, ice hockey, and similar high-risk sports. Some sports at the national level, such as hockey, have established standards for eye protection.

Goggles or sports glasses protect eyes while playing basketball, racquet sports, handball, and soccer. These goggles should be made of polycarbonate, which is 20 times stronger than ordinary eyeglass material. Prescription eyewear used during sports should be made from polycarbonate.

For high-speed sports such as skiing, wear special frames sturdy enough to protect the eyes from any impact. Wear ultraviolet absorbing goggles or sunglasses while skiing to protect the eyes from glare, ultraviolet rays, and exposure to weather.

Boxing presents a high risk for eye injury, and unfortunately, there is no adequate protection available.

Contact lenses are not a form of protective eyewear. Contact lens wearers require additional protection when participating in sports.

People with only one eye should very carefully consider the risks of contact sports. Wearing adequate eye protection is essential for people with only one eye.

