



## Brief History of Squint its Types Causes Management and Guide Lines to Parents

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### Introduction

Squint also known as strabismus is a very common ophthalmic disorder seen squint expertly all most all ophthalmologists however in present era of ophthalmological subspecialties this disorder is managed by squint experts what is squint it is an ophthalmic disorder characterized by an abnormal ocular deviation or one can say there is loss of normal ocular alignment the abnormal ocular deviation can be

- Inwards
- Outwards
- Upwards
- Downwards

Oblique the ophthalmic terminologies for these abnormal deviations are

- Esotropia
- Exotropia
- Hypertropia
- Hypotropia
- Heterophoria
- Pseudophoria
- Cyclophoria
- Orthophoria
- Microtropia

One of the most important parameters in the management of squint is not only to achieve a satisfactory angle of correction but also to preserve normal vision for this early diagnosis and timely management by squint expert is the key in most of situations untreated refractive errors asymmetrical errors of two eyes are very important causes so assessment of vision refraction and fundus examination is very important in this context routine screening of children in schools by simple visual testing and ophthalmic examination is done as a basis of community medicine where we can pick up

refractive errors in children and then we can give them glasses on routine examination in school health prime we can also pick up some cases of squint and report this to parents

We have seen in Asian set up some of the cases of squint are not treated in time this may be due to illiteracy and shyness on the part of parents so such neglected cases of squint are often bullied in school and when brought late the squint eye has already become lazy and our eyes are only left with cosmetic correction only.

Nowadays children in age groups of 5 and above are often in the abuse of mobiles often playing games on mobiles for hours we in paediatric ophthalmology call it as mobile eye syndrome that is these children with mobile abuse present with

- Eye aches
- Eye strain
- Headache
- Abdominal pain
- Nausea vomiting
- Vertigo
- Irritability
- Change in behaviour
- Delayed milestones
- Blurred vision diplopia
- Squints
- Epileptic like symptoms

Most of these children with these symptoms have refractive errors so it is duty of parents to monitor their children and refrain them from mobile abuse.

Best way out is to encourage them for sports.

We have following types of squints commutant

- Incommutant
- Accommodative

- Non accommodative
- Paralytic
- Non paralytic
- Presentation of paralytic squint
- Impairment of ocular movements
- Dimension of vision
- Diplopia

Turning the head towards the direction of action of paralysed muscle

- False orientation
- False projection
- Abnormal head tilt or posture
- Ocular torticollis
- Vertigo

Presentations of bilateral alternating infantile esotropia

- Crossed fixation
- Uncrossed fixation
- Broad angle
- A v pattern
- Overaction of inferior oblique

Covering the dominant eye will make the patient to cry types of surgical options in squints

- For esotropia recession of medial rectus and resection of lateral rectus
- For exotropia resection of medial rectus and recession of lateral rectus
- For bilateral alternating infantile

Bilateral medial rectus recessions is the operation of choice.

We also have option for vertical muscle and oblique muscle surgery

Even epileptic like attacked.

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