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Short Communication

Amblyopia, Anisometropia without Strabismus

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Abstract

Amblyopia (anisometric) was regarded to exist when isoacuity at far was not reached despite the glasses, part-time occlusion therapy of the good eye was prescribed. Amblyopia was present in 86% of the cases and was detectable with all types of anisometropia. It was more aggravate in anisohyperopia and/or anisoastigmatism. After relevant treatment, amblyopia was clinically resolved or less severe in 78% of the patients [1].

Keywords: Amblyopia; Anisometropia; Strabismus; Anisohyperopia; Anisoastigmatism; Stereopsis

Discussion

Regarding to a study that focused on 37 Cases (18 girls and 19 boys) with unilateral amblyopia without strabismus and with anisometropia of less than 1 D in any of the meridians, No significant risks were found according to the age of patient, sex, left or right eye, birth weight, age of mother on delivery, puerperal complications and family history. Refraction error was not high. Depth of amblyopia did not correlate with severity of refraction error. Central fixation was present only in 50% and stereopsis only in 42% of patients. 10 patients revealed no significant defect of fixation or binocular vision. All patients responded significantly poorly to treatment [2].

Regarding to a study about treatment of sever amblyopia treatment, reported that, the results from 18 weeks of twice weekly atropine treatment to the sound eye (with or without plus spectacle correction) in children 3 to 6 years of age with severe amblyopia. 2 After a period of about 4 months of treatment, amblyopic eye visual acuity improved an average of 4.5 lines in the atropine plus correction group and 5.1 lines in the atropine plus plano lens group [3].

Conclusion

Risk of amblyopia in patients with isometropia cannot be interpreted by genetic or puerperal risk factors. It could have appeared in the time sensitive for amblyopia as a result of anisometropia that was afterwards diminished by the progression of emmetropisation or microstrabismus which was spontaneously resolved. Some patients can be appointed as idiopathic because no defect can be found. Early in life screening is inevitable to accurate diagnose and treat amblyopia in children.

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