Editorial

The Effects of Early Surgery for Infantile Esotropia on Psychomotor Development

In 1982, Gary Rogers, a current member of the Journal of Pediatric Ophthalmology & Strabismus Editorial Board, and colleagues published their classic work on the beneficial effects of surgery for infantile esotropia (Rogers GL, Chazan S, Fellows R, Tsou BH. Strabismus surgery and its effect upon infant development in congenital esotropia. Ophthalmology 1982;89:479-483.). We have all heard from parents about the remarkable improvement they have seen in their child’s coordination and overall development in the postoperative period. It helps to have scientific evidence supporting these observations, as it validates what many surgeons have suspected for years. When presenting the anticipated benefits of early surgery for correction of infantile esotropia, we can include improved development along with our discussions of improved binocularity and parental acceptance. It is recognized that parents’ satisfaction after strabismus surgery and their assessment of functional impact and “quality of life” correlate with improved alignment. Parents often note improved eye contact, interactions with others, self-esteem, and coordination.

In this issue of the Journal of Pediatric Ophthalmology & Strabismus, Tukkers-van Aalst and coauthors present their findings on psychomotor development in infantile esotropia by assessing motor and cognitive development before and after strabismus surgery. Their findings are similar to those of Rogers et al. in that they demonstrate a presurgical delay in development and an improvement following strabismus surgery. Although no children with infantile esotropia exhibited neurologic abnormalities, the presurgical delay of motor and mental development was significant. Patients’ cognitive development improves immediately following strabismus surgery, but their motor delay persists for months when tested with the Bayley scales of infant development. The results of this study support data in the literature indicating that early strabismus surgery (before the age of 2 years) in children with infantile esotropia is beneficial to their overall development. The implications of this information may have far-reaching effects; as the authors point out, surgery for congenital esotropia may be delayed until 4 years of age in some European countries.

Rudolph S. Wagner, MD
Editor