Is Initial Overcorrection After Surgical Correction for Intermittent Exotropia Necessary?

Many pediatric ophthalmologists have been trained with the strategy that an initial postoperative esotropia of 10 to 20 prism diopters following surgical correction for intermittent exotropia is a desirable initial outcome. This recommendation was suggested to apparently reduce the possibility of subsequent recurrence of exotropia. However, pediatric ophthalmologists who do unilateral recession for exotropia with a successful long-term outcome may not always find an initial esotropia following surgery for intermittent exotropia.

In this issue, Leow et al. have confirmed that the success rate for surgical correction for intermittent exotropia is not necessary. In fact, they found that most patients with initial overcorrection or orthophoria had a greater degree of subsequent reoccurrence of exotropia compared with patients with initial exotropia. However, the success rate appears to be unaffected by the initial postoperative alignment. Further studies need to be done to evaluate what, if any, desirable initial postoperative alignment following surgical correction for intermittent exotropia results in the best long-term stability of the alignment.

Leonard B. Nelson, MD, MBA
Editor