Correction of Hyperopia in Intermittent Exotropia

Therapeutic options for the management of the early phase of intermittent exotropia are limited. The correction of seemingly insignificant refractive errors might result in better control of the deviation. Patients with hyperopia present an interesting dilemma. Accommodative convergence may be used in uncorrected hyperopia to control exotropia, so it might be anticipated that correction of hyperopia will increase both the frequency and the size of the deviation. This is not always the case. We have all experienced patients with high hyperopia and intermittent exotropia that improved following optical correction. It is postulated that the improvement in visual acuity and, in some cases, the normalization of accommodation might lead to this result.

In this issue, Chung et al. report their findings in patients with intermittent exotropia following optical correction. In their patients with hyperopia (mean cycloplegic retinoscopy of +3.17 diopters), the exotropia increased significantly, in many by more than 10 diopters. In contrast, in patients with myopia, the measured deviation frequently lessened. The authors conclude that optical correction of hyperopia in patients with exotropia is useful prior to considering strabismus surgery. If a larger deviation is found, surgery that corrects for the new angle of deviation should result in fewer undercorrections and, ultimately, in better results. Unfortunately, the authors did not report the near stereoaquacity results in their patients, which may have been used to define the role of binocularity in surgical success. It should also be noted that most of the patients in their study had the basic type of intermittent exotropia, and not what I perceive to be the more common divergence excess type. However, their findings are useful for surgical planning. Correction of vision prior to strabismus surgery, if possible, is always desirable.

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