Use of Anterior Segment Optical Coherence Tomography to Determine the Position of the Horizontal and Vertical Extraocular Muscles

Pediatric ophthalmologists are often faced with a patient who has had previous strabismus surgery without a definitive history or records to confirm what specific surgery was performed. In planning further surgery, the pediatric ophthalmologist is often required to evaluate the previous location of the extraocular muscles. This is usually done while the patient is undergoing the surgery. Once the locations of the muscles are documented, further surgery can be performed using the patient’s postoperative measurements. Having the anterior segment optical coherence tomography as a preoperative guide to inform the pediatric ophthalmologist where the previous operative muscles are located provides valuable information. Once the locations of these muscles are identified, the pediatric ophthalmologist can explain to the patient the specific plan for further strabismus surgery. Further studies on both the normal measurement of the insertion to the limbus, as described in the study by Pihlblad et al. in this issue, and measuring the distance from the new operative site to the limbus need to be done.

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