Success Rates of Patients With Infantile Exotropia

Infantile exotropia generally presents in a similar fashion to congenital esotropia. It typically occurs early in life and presents with a large, constant exodeviation. Patients with infantile exotropia are usually operated on early in life in the same manner as patients with congenital esotropia. In this issue, Rajavi et al. demonstrated that 18.3% of patients with infantile exotropia needed a reoperation.

This repeat surgery rate is excellent, but the authors’ postoperative follow-up was much less than 6 months. As pointed out by the authors, a large follow-up is needed to better assist the final outcome. It is unclear to me why the authors found a better motor result with the recession-resection method than the bilateral recession technique. It is not surprising that a postoperative exodrift was a poor prognosis for success because it was found to be higher in the failure group. The authors’ observation that a large preoperative angle of exotropia was the most significant risk factor for a successful surgical outcome is consistent with the findings of other investigators.

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