A Surgical Option for Complete Third Nerve Palsy

The surgical treatment for complete third nerve palsy has been a constant challenge for even the most experienced pediatric ophthalmologists. With a large and constant exotropia and extreme limitations in most gazes, there are few surgical options. In this issue, Bagheri et al. have described a unique modification of the full tendon medial transposition of the lateral rectus muscle. The overall success rate for this technique was 70% for the horizontal deviation with a mean preoperative exotropia of $84 \pm 14.9$ prism diopters. The limitations of this study were the small sample size and the relatively short follow-up period. In patients with complete third nerve palsy, a tight lateral rectus muscle makes the medial transposition more difficult. This new technique with the lateral rectus muscle being united with halves of the split medial rectus stump made the transposition easier. Future studies with a larger sample of eyes and longer follow-up will be necessary.

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