

Interactive session Intermittent exotropia

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RIO

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Onset

1. Acquired
2. Inborn

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Pathogenesis

1. Overactive Lateral recti
2. Weak tone of Medial Recti

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Indication

1. Functional for fear of loss of binocular vision
2. Cosmetic

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Management

1. Non surgical
2. Surgical

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Non surgical

1. Correction of Myopia
2. Correction of all hyperopia
3. Under correction of hyperopia
4. Over minus
5. Do not correct hyperopia
which is false?

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Surgical

1. Depends on type
2. Does not depend on Type

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Divergence excess, Basic and convergence insufficiency

1. True
2. False

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Surgery

1. Bilateral recti recession
2. Bimedial recti resection
3. Combined

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Timing of surgery

1. Early
2. Before 4 yrs
3. After five years

Why

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Target Angle

1. Overcorrection
2. Correction

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Exodrift

- Mostly common
- Uncommon
- Less common

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Overcorrection is guarantee against
exodrift

1. True
2. False

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Stability of postoperative angle

1. Three months
2. One year
3. Thirty months

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The more binocular control is, the more satisfactory result is (Incidence of reoperation

1. True
2. False

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Conclusion

- It is better to wait to interfere upon first embarrassment or early interference

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