

Orthoptic Department

Esotropia (convergent squint)

What is a squint?

A squint occurs when one eye turns and stops working with the other eye. The eye may turn in towards the nose or outwards, or occasionally upwards or downwards.

An Esotropia, or convergent squint, is when an eye turns inwards.



Esotropia (convergent squint)

You can have squints that are there all the time (constant) or a squint that appears occasionally and the eyes are straight the rest of the time (intermittent).

Infantile Esotropia

This is an inward turning squint seen within the first 6 months of life which has classic features, including:

- A significant convergent squint
- Cross fixation (the ability to look with the right eye when looking to the left, and the left eye when looking to the right)
- Typically no need for glasses.
- Nystagmus (a slight wobble of the eyes)



Patient Information

- Dissociated Vertical Deviation (DVD) which is a muscle imbalance where one eye spontaneously drifts upwards at times, such as when day dreaming or looking in the distance.

There are no symptoms from the child's point of view, as they do not have 3D vision or 'binocular functions' (the ability to use the eyes as a pair), but cosmetically the appearance of the squint can be a problem.

Sometimes, an early operation is needed to improve the alignment of the eyes. In other cases surgery is delayed until slightly older to allow for greater accuracy of measurements.

In this type of squint there is the chance of needing more than one operation.

Treatment may include:

- Glasses and patching if needed
- Early surgery (before 2 years of age)
- Later surgery (after 2 years of age)
- Botulinum Toxin (Botox injection) to prevent the eye muscle from becoming too tight.

Accommodative squints

An accommodative squint occurs when over focusing in long-sightedness causes the eye to turn in. An accurate glasses test measures the amount of long sight. If glasses are needed they should be worn full time. There are different types of accommodative squints.

- **Fully accommodative squint** – when the squint is fully corrected by the glasses. These children normally have excellent 3D vision when wearing their glasses.

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- **Partially accommodative squint** – when the size of the squint is partly reduced by the glasses. These children often do not have 3D vision even when wearing their glasses.
- **Convergence excess squint** – the squint is apparent when the child looks at a detailed near object, e.g. reading, but the eyes are straight, or almost straight, when they are looking into the distance. These children may have excellent 3D vision at near with the use of bifocal glasses, which may be used for a length of time. Surgical correction may then be needed.

What causes a convergent squint?

In many cases the squint is caused by being longsighted and the child needs glasses. The effort the child makes to see without the glasses can make the eye turn in. In other cases there may be no obvious reason. However, in many cases there is a history of glasses and/or squint in the family.

Will my child grow out of a squint?

No, not usually – although some squints improve as the child gets older.

Will my child need treatment?

It is very important that if glasses are prescribed they are worn all the time unless advised otherwise. Poor compliance of glasses wear can lead to delay in other treatments.

A squint usually needs two types of treatment - patching and/ or surgery. If there is reduced vision, patches or atropine eye drops can be used to improve the vision in the squinting eye. To achieve the best results this form of treatment should be underway as early as possible. Some squints need surgery to straighten the eyes.

Who will treat my child's eyes?

There will be several people who will look after your child's eyes and they all work together as a team in this care

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The **Ophthalmologist** (eye doctor) will be responsible for your child's general eye care and will carry out any surgery necessary.

The **Orthoptist** (a specialist in the treatment of squint and children's eye development) will monitor the development of sight and will advise you of any treatment the child needs.

The **Optometrist** will test your child for glasses and advise you when changes are needed.

How long does the treatment take?

This varies from patient to patient. The only general rule is that with a squint a good result is easier to achieve if treatment is started at an early age.

How do I find out about my child's eye condition?

Ask any of the eye care professionals dealing with your child's eyes. Every case is different and they will answer any questions you may have.

For further information please see www.squintclinic.com

The Trust has access to interpreting and translation services. If you need this Information in another language or format, please contact us on 02476 966520 and we will do our best to meet your needs.

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