

V Pattern horizontal strabismus, with inferior oblique muscle overaction

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Introduction: Inferior oblique muscle overaction (IOOA), often accompanies horizontal strabismus. It can be primary or secondary as a result of paresis of the trochlear nerve. In both cases, the treatment of the V pattern, associated with IOOA, consists in the surgical weakening of this muscle and in certain cases intervention in the rectus horizontal muscles.

Case presentation: The first patient presents with esotropia and bilateral IOOA. Ductions were normal while versions IOOA +2 in both eyes. In Prism Cover Test (PCT), in the primary position there was orthophoria with 45 prism diopters (pd), in upgaze 30 pd, in downgaze 60 pd. Medial rectus muscle recession was performed in both eyes as well as inferior oblique muscle myectomy in both eyes.

The second patient presents with exotropia (XT) and bilateral IOOA. The ductions were normal, while versions in both eyes were IOOA +2. The Bielschowsky test was negative. During the surgical procedure we performed recession of the lateral rectus muscles and recession of the inferior oblique muscles.

Conclusion: Recession of the inferior oblique muscle has reduced half of the V Pattern.

Based on the second case, we conclude that when the surgical intervention is performed simultaneously on the horizontal and inferior oblique muscles, the intervention on the horizontal muscles should be based on the measurements of the angle in the primary position and be independent of the intervention on the inferior oblique.

Keywords: Oblique muscles, V Pattern, Inferior oblique overaction, Recession of rectus horizontal muscles, Recession of oblique muscles.