

Fully accommodative esotropia

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What is a fully accommodative esotropia?

A fully accommodative esotropia is a type of squint. A squint describes when one or both eyes turn inwards or outwards, depending on the eye muscles involved.

A fully accommodative esotropia is a specific type of intermittent squint where one or both eyes can turn inwards (convergent). This particular type of squint is often fully corrected with a long sighted prescription.

What causes a fully accommodative esotropia?

A fully accommodative esotropia is associated with long-sightedness. In long-sightedness, it is necessary to use more focusing power to view objects clearly. This extra focusing causes the eye to turn inwards.

When glasses are prescribed to correct the long sightedness, this removes the need to over focus and therefore prevents the eye from turning inwards whilst glasses are worn. The brain is able to use the two eyes together again and hence depth perception (3D vision) is regained.

How is it diagnosed?

Diagnosis often occurs following referral to the orthoptist. It is usual practice to have a glasses test (refraction) carried out by the hospital optometrist to test for long-sightedness. Glasses will be prescribed if longsightedness if found. If the appearance of the squint is corrected and 3D vision is present with the glasses on, this often indicates a fully accommodative esotropia.

How is it treated?

Glasses are the first line treatment to correct long-sightedness. The glasses usually improve your child's vision alongside the appearance of the squint. It is advised that your child should wear their glasses full time. The squint is often not visible with the glasses on, but will be noticeable when your child removes their glasses.

Since glasses wear is sufficient to align the eyes and regain 3D vision, surgery is not usually required in most cases of fully accommodative esotropia.

Possible effects of treatment

There are little or no side effects to wearing glasses. It can often take your child 6-8 weeks to relax into their new prescription before they feel the full benefit of the glasses. After the initial period of adjusting to wearing glasses, they are often well-tolerated due to the improvement in vision.

What is the prognosis or expected outcome of treatment?

Most children with a fully accommodative esotropia will always require glasses as they are usually significantly longsighted. The glasses prescription may change as they get older and the shape of the eye changes, this is normal, but not usually enough to stop them from needing glasses. Yearly glasses checks are therefore required to keep the prescription up to date.

Your child's ability to perceive depth (3D vision) is present with the glasses on, due to the eyes working together as a pair. Although rare with a fully accommodative esotropia, the squint can become noticeable with the glasses on in later life. This is very rare, however eye exercises and surgery are further treatment options should this arise.

Once your child is older, it may be an option to use contact lenses to correct the long-sight. Contact lenses also correct the squint in the same way as glasses. Laser eye surgery is an option for some patients once they are over the age of 21 (this treatment is not available on the NHS).

Follow up

Patients with a fully accommodative esotropia have regular appointments with the orthoptist to monitor vision and ensure that it is developing normally. It is also important that your child has yearly glasses checks (refractions). This is where the optometrist assesses the amount of prescription required to correct the long sightedness and prescribes glasses accordingly.

Further information

Orthoptic Department 01271 322469

Eye clinic reception 01271 322466

British and Irish Orthoptic Society – <u>www.orthoptics.org.uk</u>

Squint Clinic – www.squintclinic.com

Fully accommodative esotropia Page 2 of 3

PALS

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