

Surgery for Unilateral Superior Oblique Palsy

Illustrated for Right SOP

Class	R. Hyper	R.Gaze	SOUA	IOOA	Treatment
1	<15	None	0 to -1	+2 to +3	RIOc
2	<15	None	-1 to-2	+3 to +4	RIOc or RIOmx
3a	<15	None	-2 to -4	0 to +1	LIRc
3b	<15	As 3 a but with significant torsion			RSOt or Harada-Ito + LIRc
4	>15	Significant	0 to -2	+3 to +4	RIOc or RIOmx + RSRc
5	>15	Significant	-2 to-3	0 to +2	RIOc + LIRc
6	>30	Significant >15	-2 to -3	+3 to +4	RIOc + LSRs & LIRc
7a	<15	With spread of committance			RSRc
7b	>15	With spread of committance			RSRc + RIRs or LIRc
8	<20	Fallen eye syndrome			LIRc

SOP: Superior Oblique Palsy

Sig: significant

SOUA: Superior oblique underaction

IOOA: Inferior oblique overaction

Treatment: Suggested treatment

RIOc: Right Inferior Oblique recessions or other weakening procedure

RSOt: Right Superior Oblique Tuck

LIRc: Left Inferior rectus recession

LSRc: Left Superior rectus recession

RSRc: Right Superior rectus recession

RIRs: Right Inferior rectus resection

RIOmx: Right Inferior Oblique Myectomy

Based on Scott WE, Kraft SP. *Classification and Treatment of Superior Oblique Palsies:I. Unilateral Superior Oblique Palsies*. Transactions of the New Orleans Academy of Ophthalmology. 1986: 15-38.

Strabismus Surgery

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