

# Pattern Strabismus

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# Pattern Strabismus

- Horizontal deviation that changes from upgaze to downgaze
- 15-20%
- 3 Theories
  - Oblique muscle dysfunction
  - Horizontal rectus muscle dysfunction
  - Vertical rectus muscle dysfunction

# Types

- V- Pattern
- A- Pattern
- Y- Pattern
- $\lambda$ - Pattern
- X- Pattern

# V Pattern

- 15 PD up vs. down
- More often in Esotropia
- Common in Craniofacial (orbital) malformations

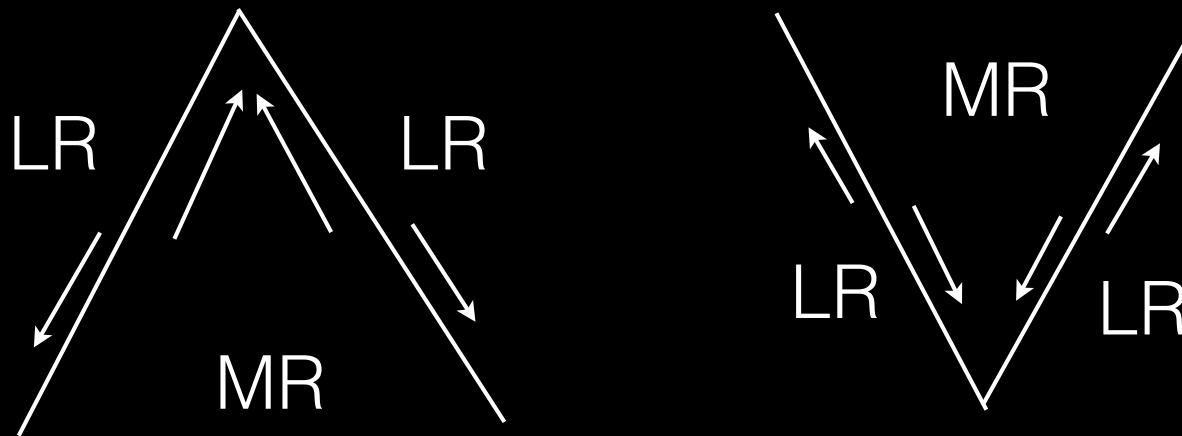
# A Pattern

- 10 PD up vs. down
- Often found in Exotropia
- Less common than V pattern

# Treatment

- Address Horizontal strabismus
- Pattern can be “collapsed” with multiple types of surgeries
- Often “self adjusting”
- If obliques overacting- should be addressed

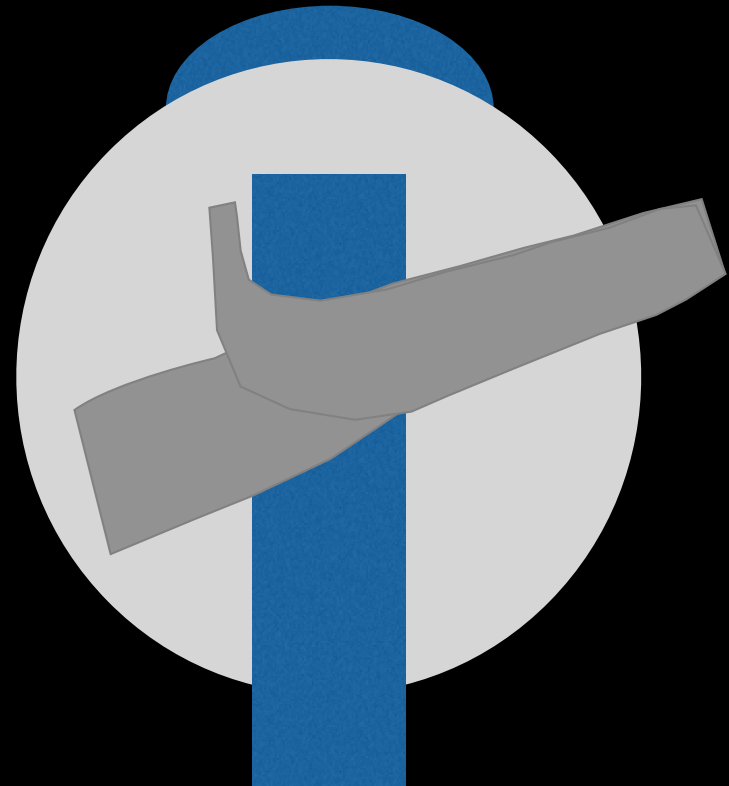
# Treatment



1/2 to 3/4 Tendon Width

# Inferior oblique Weakening

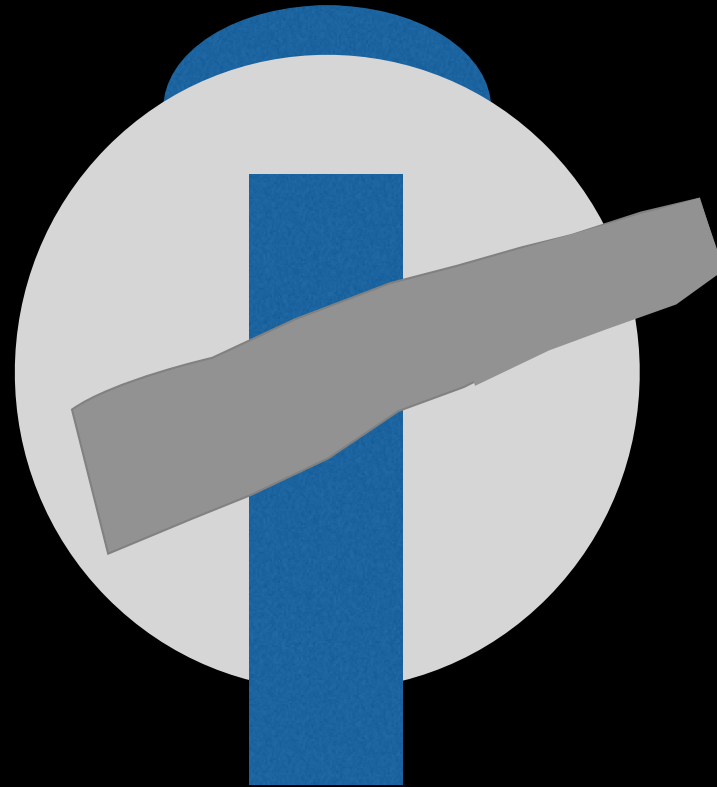
- Esoshift in upgaze, little horizontal effect in primary position
- Recession





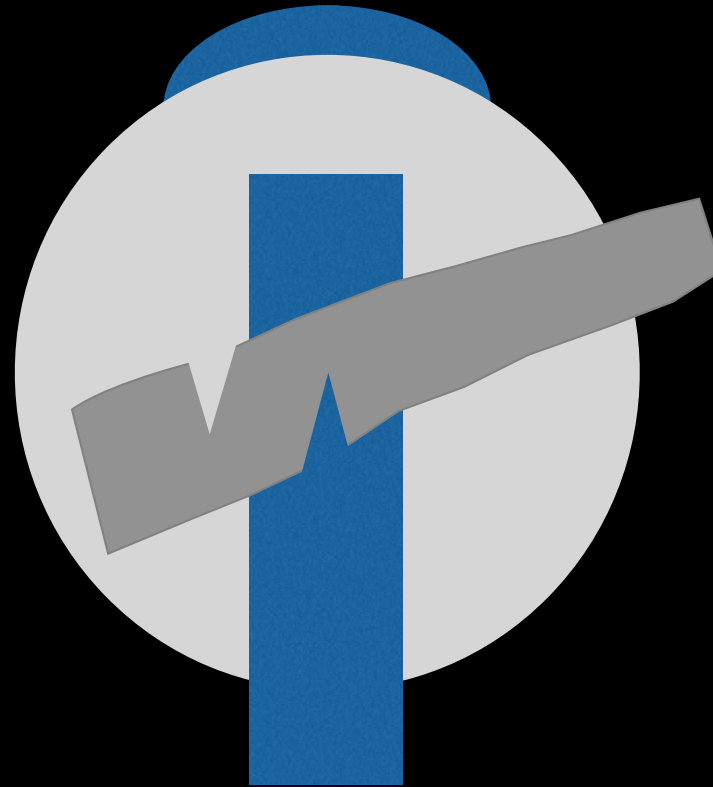
# Inferior oblique Weakening

- Myectomy



# Inferior Oblique Weakening

- Z-myotomy



# Superior Oblique Weakening

- Superior oblique weakening
  - Tenotomy
  - “Guarded” tenotomy
    - suture spacer, silicone spacer, “chicken suture”
- Eso-shift in downgaze, little horizontal effect in primary
- Partial tenectomy (posterior fibers) up to 20 of A pattern
  - Torsional effects (anterior fibers)





