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ANTIELEVATION SYNDROME AFTER BILATERAL ANTERIOR TRANSPOSITION OF THE INFERIOR OBLIQUE MUSCLES, IN THE TREATMENT OF DISSOCIATED VERTICAL DEVIATION

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Dissociated vertical deviation (DVD) is a spontaneous or dissociation-induced updrift of the eye, often accompanied by abduction and extorsion. Procedures on every vertically acting muscle have been tried in order to treat DVD. Several authors have advocated variations on anterior transposition of the inferior oblique muscle (ATIO) for treatment of DVD with inferior oblique muscle overaction (IOOA). These techniques may produce an apparent new or recurrent overaction of contralateral inferior oblique muscle, termed the antielevation syndrome (AES). Purpose: The purpose of this study is to correlate the frequency of this syndrome after bilateral anterior transposition of the inferior oblique muscles, in the treatment of DVD. Design: Retrospective, noncomparative case series. Patients and Methods: Charts of 18 patients with DVD and inferior oblique muscle overaction who underwent anterior transposition of the inferior oblique muscles from January 1, 1996 to June 30, 2001 were reviewed. Preoperative and postoperative examinations included of visual acuity and a complete ocular motility test measuring deviations in primary position with alternate prism cover test. Action of inferior oblique muscles was graded on a minus or plus scale from 0 to 4 depending on under or over action, respectively. Surgical treatment primarily consisted of anteriorization of the insertion of the inferior oblique muscle along the temporal border of the inferior rectus. Results: The mean age was 10.27, ranging from 2 to 32 years with a mean postoperative follow-up of 8.1 months (range = 1-28 months). 83.3% had esotropia as preoperative diagnosis and the remaining had exotropia. The DVD was compensated (<10 DP) in 83.3% of the cases after surgery. 27.8% of the patients developed AES, independently of the primary deviation. Conclusions: Bunching the inferior oblique muscle insertion at the lateral edge of the inferior rectus in our series is associated with a low incidence of AES