

R1 R2 R3 PG0 PG1 Estagiário Tecnólogo PIBIC

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Service (sector)

Strabismus

Nº CEP

Yamada's Surgery for Treatment of Myopic Strabismus Fixus

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Esotropia is associated to myopia in 5,2% to 8% of the cases. In myopic strabismus fixus there is acquired progressive esotropia and hypotropia associated with restricted elevation and abduction. High - resolution magnetic resonance imaging (MRI) has demonstrated the inferior and medial displacement of the lateral rectus (LR) and superior rectus (SR) muscle respectively probably caused by an enlarged globe superotemporal herniating through the muscle cone. Treatment is difficult with recurrence of the large angle esotropia even after surgery. In 2002, Yamada et al described an effective surgical technique to achieve ocular alignment in these cases. This procedure was consisted of hemitransposition of the SR and LR muscles with escleral fixation at 7mm from the limbus in the combined with ipsilateral medial rectus (MR) muscle recess. More recently, Eizenbaum et al⁶ reported two cases of myopic strabismus fixus submitted to Yamada's procedure associated with 4mm resection of the hemitransposed portions of the SR and LR muscles to increase the muscular tonus and then improve surgical effects⁶. In the present study, we report two cases of myopic strabismus fixus treated with modified Yamada's surgery, one associated with ipsilateral MR muscle recess and other with botox injection at the MR muscle.