

## What are the treatment options?

Children with this type of squint may be examined by one of our Specialist Optometrists (or Opticians) in the community.

They may be found to be long-sighted (hypermetropic) and are given a pair of glasses. relaxing the muscles. This can reduce the size of the squint.

Surgery may be performed which involves weakening and/or strengthening muscles. The muscle(s) that pull the eye inwards are weakened and the muscle(s) that pull the eye outwards are strengthened.

In the case of an associated lazy eye, patching treatment or eye drops may be used to improve the vision in the lazy eye.

## Contact Details

### Eye Unit

Tel: 01782 676001

<b>Orthoptic Department</b>	<b>option 5</b>
<b>Emergency Eye Department</b>	<b>option 1</b>

## Eye Condition Patient Information Leaflet

# Constant Infantile Esotropia



Please speak to a member of staff if you need this leaflet in large print, braille, audio or another language

## Introduction

This leaflet provides you with information on a Constant Infantile Esotropia.

It is not meant to replace the discussion between you and your Doctor/Healthcare Professional but may act as a starting point for discussion.

If after reading it you have any concerns or require further explanation, please discuss this with a member of the Healthcare Team who has been caring for you.

## What is a Constant Infantile Esotropia?

A Constant Infantile Esotropia is an inward turn of one eye. This turn may switch to the other eye when your child is looking to the side (Cross Fixation). One eye may also occasionally drift up, for example when looking far away. This is called **D**issociated **V**ertical **D**eviation (**DVD**).

Another feature of this squint that may be seen is a slight wobbling of the eyes called Nystagmus.

Commonly this type of squint is seen before 6 months.

A squint may be due to a weak muscle, for example the muscle pulling the eye outwards is weak and therefore, the eye turns inwards.

## What causes a Constant Infantile Esotropia?

A Constant Infantile Esotropia may be hereditary with a family history of turns in the eye.

Predisposing factors for this squint include prematurity, hydrocephalus and delayed development.

## How can my child's eyes be affected?

There is the possibility of a child developing Amblyopia "lazy eye", which is where one eye develops slower than the other and the vision becomes reduced.

This happens because as one eye turns, the brain switches off the signal from that eye and the cells do not develop as they should.

## How is this tested?

The Orthoptist will check your child's eye movements, their vision in either eye and also assess whether your child is using their eyes together (3D vision). 3D vision will not be demonstrated if there is a constant squint present, such as a Constant Esotropia. The size of the squint will also be tested. If present, the wobbling of the eyes (nystagmus) will also be assessed by the Orthoptist.

If older than 6 months, bringing photographs with you of your child's eyes before they turned 6 months old may aid diagnosis.

## Will my child need glasses?

There is a possibility that your child may be longsighted (hypermetropic), in which case glasses will be prescribed. Having a hypermetropic prescription may reduce the size of the squint.