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Abstract

Surgical management of strabismus due to thyroid eye disease is challenging and confusing. The aim of the surgical treatment is to restore binocular single vision in the primary and reading positions. Frequently incomitance persists in other different positions of gaze despite of using conventional, adjustable or intraoperative relaxed muscle positioning techniques. A 25 year old male presented with a vertical diplopia due to severe hypotropia affecting the right eye. He gave a history of thyroid disease since 5 years. Examination revealed a right hypotropia of 35 degrees, total inability to raise his eye and defective abduction. Moderate upper lid retraction and exophthalmos was recorded. The presentation showed the management of those cases using nonconventional surgical techniques to reach post-operative comitance in all positions of gaze.

Biography:

Mahmoud Aly Rageh has completed his MSc in Ophthalmology from Cairo University in 1983. He was a Fellow at Hugonnier Center, Lyon.