

CASE HISTORY: RECURRENCE OF ALTERNATE DAY SQUINT IN AN ADULT

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This report concerns a patient, Mrs. A.O., first seen in 1972 (Magin 1974) at the age of 55. An inconspicuous right convergent squint, present from childhood, had during recent years increased to 30° , at first intermittently, then regularly on alternate days for eighteen months, to become finally a constant convergent squint of approximately 35° , which was disfiguring and most disorientating.

A right medial rectus recession in April 1973 reduced the deviation to 2° , giving good appearance and a dramatic improvement in the patient's personality and her ability to cope with the world. There was still deep right amblyopia, and no demonstrable binocular vision. Corrections and vision were:

$$\text{Right } \frac{-16.00}{+3.00} \times 100^{\circ} \frac{1}{60} \quad \text{Left } \frac{-2.00}{+0.50} \times 60^{\circ} \frac{6}{6}$$

The right eye had been left uncorrected for many years.

The patient returned in November, 1975, complaining of a recurrence of the alternate day pattern with extremely sharp pains behind her right eye and loss of balance on her "squinting" days. On these days the convergent squint measured 25° by reflections and our patient was so disorientated that she would get up early and perform all her household duties before 8 a.m. when the right eye began to squint. (Figure 1).

No binocular vision was demonstrable. Visual acuity and visuscope findings were the same on squinting and on non-squinting days. The visuscope revealed two eccentric fixation points for the right eye, one nasal in the paramacular region and the other very close to the optic disc. The patient changed easily from one to the other, showing no preference for either.

In September 1976, a right lateral rectus resection of 4mm. was carried out, resulting in a residual right convergent squint of 3° . To date there has been no recurrence of the large convergent squint. The patient is symptom-free again and very pleased with her appearance.

Not knowing the cause of the previous deteriorations, one wonders how long Mrs. A.O. will now remain comfortable and cosmetically acceptable. She maintains an extremely good standard of general health and is not on any form of medication at present.

This case appears interesting on several counts - that alternate day squint should appear in an adult, that it should appear in one with such gross anisometropia and amblyopia, and that it should provoke such severe symptoms when amblyopia is present. Another interesting feature is the correction of a 30° or 25° convergent squint, on two occasions, by surgery on a single muscle.

I would like to thank Dr. John Hart and the patient for allowing me to present this further development of her case history.



Straight day

Squinting day

After second operation

Alternate Day Squint