3 de Dezembro **14h30 | 16h00 – Sala 4**

Moderadores | Chairs: Rita Gama (GamaEyecare), Melo Beirão (CHUPorto), José Pedro Silva (H. Lusiadas, Lisboa), Ricardo Bastos (H. Lusíadas, Porto), Ana Luisa Rebelo (H. Évora), Maria Lisboa (H. Cascais)

VD 26
SURGICAL TREATMENT OF EXOTROPIC HEAVY EYE SYNDROME

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Introduction: In unilateral high myopia, esotropia and hipotropia with a supraversion limitation can be observed in the myopic eye – this is known as Heavy Eye Syndrome (HES). Rarely some patients present with exotropia, a condition termed exotropic Heavy Eye Syndrome. This is thought to be secondary to superior rectus muscle compression by the elongated eye which results in pulley mechanism changes. Another proposed mechanism is that the amblyopic eye has a tendency to go into a state of hypotropia and exotropia which, when long standing, can result in some restriction in both up-gaze and inward gaze. Treatment of eye movement limitation and gaze deviation is mainly surgical. This video presents an exotropic HES patient that was subjected to surgical correction. Only one published case of the present surgical technique for exotropic HES correction was found.

Methods: A 43 year old man presented to our clinic with complaints of strabismus that first started when he was 20 years old. He was found to be anisometropic, with high myopia in his right eye (> +30D) and secondary right eye amblyopia. On observation he had exotropia with hipotropia of the right eye and supraversion limitation. A diagnosis of exotropic HES was made and he underwent myopexy of the medial rectus to the superior rectus, 12mm away from the muscle insertion, combined with recession of the lateral rectus muscle.

Results: In the immediate post-operative period the patient had a significant improvement of hypotropia and exotropia and was extremely satisfied with the results.

Conclusion: Myopexy of the medial rectus to the superior rectus, 12mm away from the muscle insertion combined with recession of the lateral rectus muscle seems to present as an attractive surgical treatment for exotropic HES.