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Editorial

Persistent Accommodative Spasm

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Accommodative spasm as isolated condition where there is a greater accommodative response to accommodative stimulus. Symptoms include blurred vision, headache and diplopia. Psychological, neurological disorders and cholinergic drugs are mostly reported as etiology [1].

The near response complex includes three elements: Accommodation, convergence and pupillary constriction. Accommodation is a physiological reflex modifying the curvature and shape of the lens, so as to focus objects at different distances. Contraction of the ciliary muscle causes a relaxation of zonular fibers resulting in change of the thickness and curvature of the crystalline lens to obtain an in-focus retinal image and clarity of vision. Spasm of the near reflex is characterized by pseudomyopia, miosis and mimicking esotropia usually occurs in young adults [2,3]. Accommodative spasm an isolated condition where there is a greater accommodative response to accommodative stimulus.

Accommodative spasm usually resolves spontaneously but in some cases it can persist for a long time. Treatment options are cycloplegic drugs, added plus lenses and vision therapy. The patient must be informed about visual hygiene [4]. Working distance, lighting and resting periods during near work should be proper. Accommodative spasm is a rare condition due to an imbalance between excitatory and inhibitory pulses of accommodation. The most probable etiology for accommodative spasm is phychogenic factors. A short acting drug like cyclopentolate may not resolve the spasm. Best treatment option is atropine sulfate %1 beside its side effects. Accommodative spasm can be persistent in some patients especially arising from psychogenic factors. Patients diagnosed with isolated accommodative spasm or spasm of near reflex must be investigated about neurological and psychological disorders [5]. Management of stress and treatment of psychological and neurological disorders is obviously important in these cases.

Etiology and treatment options for accommodative spasm are still not clear. The underlying conditions are very important. Cycloplegic medications are head treatment. Treatment of underlying condition must be considered seriously to resolve the spasm quickly.

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