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Short Communication

Intermittent Exotropia

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Abstract

This paper describes about introduction to intermittent exotropia, its classification and treatment.

Keywords: Intermittent Exotropia; Classification; Treatment

Introduction

It is a very common type of exotropia. It mainly occurs in the childhood or Infant. It is a large phoria and this phoria is usually maintained by fusional convergence. It occurs intermittently because always it is not found. This tropia always persist with clinical features:

- When patient is too tired, the eye is deviated
- During alcoholism
- During cold etc.

In case of intermittent exotropia, fusion breaks spontaneously unlike other exophoria. Intermittent exotropia is in two phases, when fusion is maintained then normal retinal correspondence persists. When fusion is not maintained then it is converted into abnormal retinal correspondence. In NRC phase, good stereoacuity is present.

When patient comes to clinic, then proper history should be taken before proceeding to take visual acuity. If intermittent exotropia is present and unknowingly visual acuity is measured, then normal retinal correspondence phase will be converted into abnormal retinal correspondence.

In case of intermittent exotropia, there will be difference in deviation between distance and near.

Classification:

- Basic intermittent exotropia
- Pseudo divergence excess
- True divergence excess.

Basic intermittent exotropia

Here, deviation between distance and near is not considerable, it is within 10 PD.

Pseudo divergence excess

At first, distance and near deviation is difference is more than 10 PD. After prolonged occlusion (30 minutes to 60 minutes patch

test), this deviation difference is reduced and comes within 10 PD. It means, near exophoria becomes more exophoric.

E.g.

Distance - 30 PD Exo

Near - 10 PD Exo

After Patch Test

Distance - 30 PD Exo

Near - 25 PD Exo.

True divergence excess

Here, after patch test also, difference between distance and near deviation will not come within 10 PD.

E.g.:

Distance - 40 PD Exo

Near - 10 PD Exo

After Patch Test

Distance - 40 PD Exo

Near - 25 PD Exo.

Treatment

Usually up to -2 to -3 D overcorrection of minus should be prescribed.

Mono occlusion is prescribed to the patient (up to 3 to 4 hours and take rest and continue again).

If Intermittent exotropia is persisting is > 50% in waking hours, then bilateral LR recession surgery is advised and need to create 8 to 10 PD esotropia [1-3].

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