

SQUINT Types Causes Management and Role of Parents in Mobile Data Abuse by Children

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Squint is a kind of common ocular condition characterized by abnormal ocular deviations with absence of normal ocular paramedial and paucity of binocular vision which is kind of Simultaneous perception, Simultaneous fusion and stereopsis.

Main aim of squint management is not only to correct abnormal ocular deviations but to ensure normal status of vision to achieve that Status it is very important to diagnose and manage any case of squint properly and as early as possible by a squint expert it is very important for every parent to seek the advice of pediatric ophthalmologist in time if they observe any kind of abnormal ocular deviations.

In past in underdeveloped Asian countries SQUINT was considered to be a kind of shame or stigma especially in girls so by the time consultation of such girl with Long standing uncorrected squint was made the eye was in Lazy or amblyopic status and treatment kind of surgery was only cosmetic.

However at present with better education and awareness prognosis of squint is very good.

Three basic things for any squint assessment are Visual assessment, Mydriatic refraction and fundus examination, Because we have got some pathological eye conditions which present as squint, Like retinoblastoma and coats disease.

Squint can be kind of

- Commitant Incommitant
- Accommodative non accommodative
- Paralytic non paralytic
- Alternating non alternating

Commitant squint here angle of squint is constant in all forms of gaze and ocular movements are full

In in Commitant Tye angle of squint is small.

Paralytic squint presents as

- Dimension of vision
- Impairment of ocular moments
- Diplopia

TURNING the head towards the direction of action of paralysed muscle

- False orientation
- False perception
- Abnormal head tilt
- OCULAR torticollis
- Vertigo

Bilateral alternating infantile esotropia presents as

- Crossed fixation
- Uncrossed fixation
- Av pattern
- Brood angle
- Covering the dominant eye will make child to cry

Role of parents' in mobile data abuse by children.

In present era and also due to covid issue since the schools were closed child in age groups of 5 to 7 years got habit if using mobkes and PLAYING games for long hours so they presented what we term as mobile laptop syndrome presenting with eye ache eye strain head ache irritability.

Fainting nausea abdominal pain loss of interest.

Blued vision SQUINT DIPLOPIA even epileptic attacks and delayed mile stones and various types of refractive errors.

So it is duty of parents to refrain their kids from the mobile abuse and encourage them for sports activity.

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