



## Non Surgical Management of Esotropia

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Esotropia is a form of strabismus, or eye misalignment, where one or both eyes turn inward. Non-surgical management of esotropia is often the first line of treatment, especially in cases where the condition is not severe or when surgery is not immediately necessary. Here are some non-surgical approaches that can be considered:

- **Optical correction**
  - Full correction of hypermetropia and under correction of myopia with maintaining BCVA (Best Corrected Visual Acuity).
  - Added Lenses (Executive bifocal or Flat-Top would be more preferable)
- **Prisms:** For therapeutic purpose base in (BI) prisms are used in case of esotropia. Base out (BO) prisms are used as relieving prism.
- **Binasal occlusion:** Binasal occlusion permits bifoveal binocular fusion when the patient aligns his/her eyes. When the esotropia manifests, the fovea of the turned eye is occluded, suppression and ARC are inhibited and diplopia is present. Thus, maintenance of alignment is encouraged.
- **Vision Therapy:** Sometimes office based therapy sessions need to be planned. According to the patient the schedule could be daily or specific days of the week. At least 8 – 12 sessions are given at first to see the improvement.

It's important to note that the effectiveness of non-surgical treatments can vary depending on the type and severity of esotropia, as well as the age of the patient. A comprehensive eye examination is essential to determine the most appropriate treatment plan. In some cases, if non-surgical methods are not successful, surgical intervention may be necessary to correct the eye alignment.