SURGICAL MANAGEMENT IN PATIENTS WITH CONGENITAL FIBROSIS OF EOM

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Congenital Fibrosis EOM

Normal EOM
Innervational Anomalies

Synergistic Divergence

Convergence at elevation
The Surgical Outcome of Strabismus in Patients with General Fibrosis Syndrome

Li-Chen Wei, MD; Meng-Ling Yang, MD; Lih Ma, MD; Hung-Na Hsu, MD

(Chang Gung Med J 2005;28:159-65)
MY BEST CASE
After bilateral 8 mm inferior rectus recession and bilateral 10mm lateral rectus recession

After frontalis suspension
MY WORST CASE

Preoperative

After bilateral inferior rectus recession of 8mm and bilateral 7 mm recession of both lateral recti

After re-recessing both lateral recti 20 mm with a hang back suture

After resecting the left medial rectus 6mm
After 9 years and three surgeries......
4th Surgery: left lateral rectus periosteal fixation and re-resection of the left medial rectus fixating the globe to the medial periestium with a mersilene suture.
16 years old

Date: December 08, 2020
SURGICAL TECHNIQUES IN CONGENITAL FIBROSIS OF EOM

- Free Tenotomy
- Free Myectomy
- Large recessions
  - Scleral fixation
  - Hang back sutures
- Resections
- Periosteal fixation
RESECTIONS, DO THEY WORK?
SURGICAL TREATMENT OF CFE

- Goals:
  - Improve AHP
  - Improve ocular alignment
TAKE HOME MESSAGES

1. Be prepared for unpredictable results
2. Large recessions (with fixed sutures), free tenotomies and periosteal fixation, most useful techniques
3. Always perform strabismus surgery first and then ptosis surgery if needed
Thank you