

Lateral Gaze Incomitance in Surgical Exodeviations: Clinical Features

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Lateral gaze incomitance (LGI) is a common finding in exodeviations as a decrease in the deviation on side gaze. Its practical importance in surgical cases is its relation to a high incidence of overcorrection following conventional amounts of surgery.

The preoperative data of 83 consecutive cases of exotropia (XT) were retrospectively evaluated. The prevalence, the size, and symmetry of the LGI as related to the type and pattern of exodeviation, A- or V-pattern, and binocular rotations were investigated.

Sixty-nine of the 83 patients (83,2%) showed a LGI of 20% or more. Of these 69 cases, in 57 the range of incomitance extended from 20% to 59%. Of the 79 patients with some LGI, symmetry was noted in 16 (20,2%) and

asymmetry in 63 (79,8%).

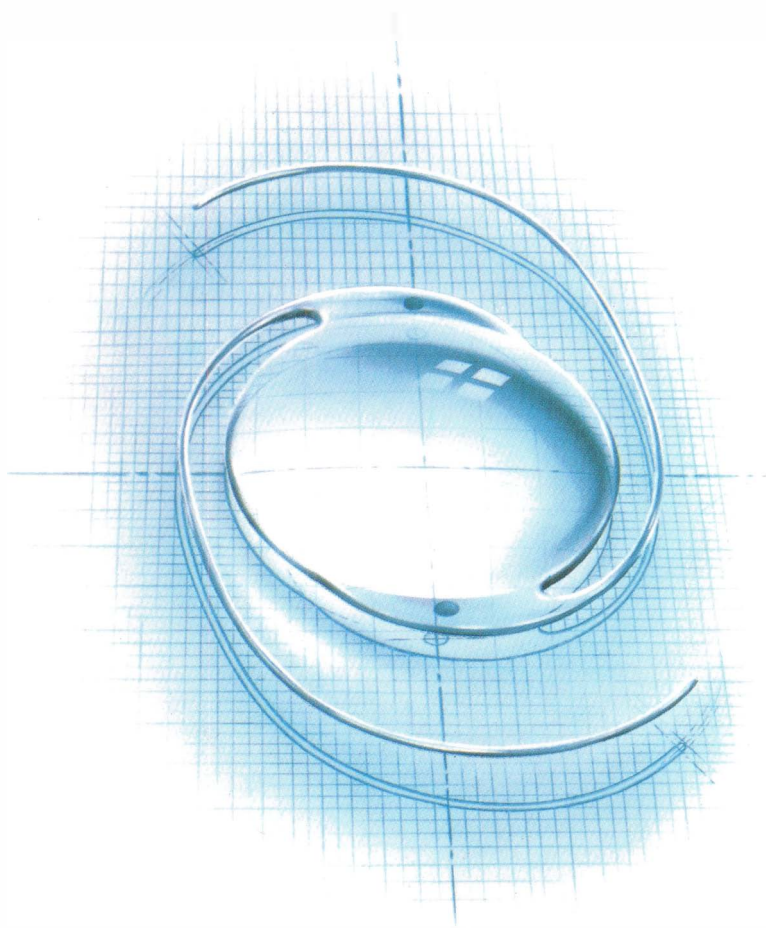
A LGI of 20% or more was observed in 85,9% of the cases of intermittent exotropia [(X)T] and in 72,2% of the cases of constant XT. In the cases of true divergence excess pattern XT, 100% had a LGI of 20% or more, whereas in the basic type XT only 77,6% did. All five cases with A-patterns and 23 of 25 with V-patterns had LGI of at least 20%.

The data concerning distinct overactions of the medial rectus (MR) muscle in cases in two groups (incomitance 1-19% and 20% or over) were compared. MR overaction in patients age 2-12 years was compared to normal children of the same age span: MR overaction was not seen to be related do LGI.

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