

## Duane's retraction syndrome

### Other formats

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### What is Duane's retraction syndrome?

This is a congenital eye movement problem, meaning that you are born with it. It can affect one or both eyes. It normally affects the eyes when looking from side to side (horizontal eye movement) and affects the left eye more than the right and females more than males.

### What causes Duane's retraction syndrome?

There are a few different theories as to the cause of Duane's retraction syndrome but it is generally thought to be a "miswiring" of 2 different nerves. Each of these nerves control the horizontal eye movements. The eye muscles may be normal but because of the "miswired" nerves the signals they receive are not normal. This causes the eyes to move incorrectly.

### Does Duane's retraction syndrome affect vision?

Not usually unless you also need glasses or have a squint (turn in the eye).

If you have Duane's retraction syndrome, you may find you need to hold or move your head differently to look to the sides. You may need to move your face rather than your eyes to compensate for your limited eye movement. This will also help you use your eyes together as a pair and see in 3D.

### How is it diagnosed?

It is diagnosed by attending an orthoptist following referral from your GP, local optician, health visitor or school nurse.

### How is it treated?

There is generally no treatment for Duane's retraction syndrome unless you already require glasses or have a squint. (A squint occurs if the eyes cannot work together as a binocular pair at all times; one or both eyes can be seen to drift inwards or outwards dependent on the type of squint.) The treatment for these will continue.

Most people with Duane's retraction syndrome have no symptoms and are usually quite comfortable with their vision and a slight adjustment to their head. You will not "grow out of it".

Children with Duane's retraction syndrome need to be monitored in an orthoptic clinic until the age of 7 to ensure their vision develops normally in each eye and they are able to continue to use their eyes together as a pair.

If you find you are having problems due to an increase in the way you need to hold your head, occasionally we may be able to use something called Fresnel prisms on your glasses, however this is rarely required. Eye muscle surgery can also be considered to improve a squint or head posture in some cases.

## Are there any possible complications?

It can be helpful for schools / colleagues to be aware that your child may find it hard to look to one or both sides. It can be useful for your child to be positioned in the centre of the classroom so that your child finds it more comfortable to use their head posture to be able to direct their eyes to the more "normal" side.

## Follow up

Regular follow up will be needed to ensure the vision in both eyes develops normally. Any follow up for glasses or a squint will also be required.

## Further information

Orthoptic Department, Eye Clinic, North Devon District Hospital

Tel: 01271 322469

### Useful websites

[www.squintclinic.com](http://www.squintclinic.com)

### PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email [ndht.pals@nhs.net](mailto:ndht.pals@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

## Have your say

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