

Partially accommodative esotropia

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What is partially accommodative esotropia?

An accommodative esotropia is an inward turn (convergent) of one or both eyes which can occur when a child is longsighted. A partially accommodative esotropia is when the glasses prescription given to correct the long sightedness can partially correct a portion of the squint. This makes the appearance of the squint look smaller when glasses are worn. A squint describes when one or both eyes turn inwards or outwards, depending on the eye muscles involved.

What causes partially accommodative esotropia?

A squint can sometimes run in families and can be impacted by genetics, other times the child may be the only glasses wearer in the family. A child who is long-sighted may be at a greater risk of developing an esotropia due to over focusing, which can sometimes be the cause for the eye turning inwards.

When glasses are prescribed to correct the long-sightedness, this removes the need to over focus. Therefore, the size of the squint is often reduced although may still be visible with the glasses on.

How is it diagnosed?

Diagnosis often occurs following referral to the Orthoptist. It is usual practice to have a glasses test (refraction) carried out by the Hospital Optometrist to test for long-sightedness. Glasses will be prescribed if found. If the appearance and measurement of the squint is significantly reduced with glasses on then this often indicates a partially accommodative esotropia.

How is it treated?

Glasses are the first line treatment to correct long-sightedness and reduce the appearance of the squint.

It is usual that the squint may still be noticeable with the glasses on, in this case surgery is a further treatment option. Surgery aims to correct the portion of the squint that is visible with the glasses on; therefore, following surgery the squint will still be noticeable when the glasses are not worn.

Possible effects of treatment

There are little or no side effects to wearing glasses. It can often take your child 6-8 weeks to relax into their new prescription before they feel the full benefit of the glasses. After the initial period of adjusting to wearing glasses, they are often well-tolerated due to the improvement in vision.

What is the prognosis or expected outcome of treatment?

Most children with a partially accommodative esotropia will always need glasses as they are usually significantly long-sighted. The degree of long-sight may change as they get older and the shape of the eye changes, but not usually enough to stop them from needing glasses. Yearly glasses checks are therefore required to keep the prescription up to date.

Your child's ability to appreciate depth perception (3D vision) may be reduced or absent. This is due to the eyes not working together as a pair particularly from a young age when the visual system is developing.

Once your child is older, it may be an option to use contact lenses to correct the long-sight. Laser eye surgery is an option for some patients once they are over the age of 21. (This treatment is not available on the NHS).

Follow up

Patients with a Partially Accommodative Esotropia have regular appointments with the Orthoptist to monitor vision and ensure that it is developing normally. This is usually at three monthly intervals although can vary if surgery is planned, vision is poorer in one eye which requires treatment or during the post-operative period.

Further information

Orthoptic Department 01271 322469

Eye clinic reception 01271 322466

British and Irish Orthoptic Society- www.orthoptics.org.uk

Squint Clinic- 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. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

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'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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