

Cross-eyed and Squinty! From time immemorial this description has been mistakenly credited to a negative character—that of a dishonest, greedy, wicked and evil person. Bollywood and Hollywood have used these traits to depict negative characters and have probably helped to spread this misconception. However, being cross-eyed and squinty is just another medical condition and the science of ophthalmology has solutions for it—removing squint, balancing the eyes and their eyesight and bringing the beauty back to the face.

A squint or strabismus (crossed eyes) is a condition in which both eyes are relatively misaligned and point in different directions. One eye looks in the desired direction, whereas the other eye is aligned inwards, outwards, upwards or downwards. It is more common in children than adults. A constant squint in a child can give rise to a lazy eye (amblyopia) or poor depth perception (stereopsis) or poor uniocular vision or abnormal head posture or a combination of any of these. The ability to appreciate depth develops in early childhood and hence a squint should be treated as early as possible for a better vision in adulthood.

The treatment for squint is not always surgery. A few squints can be treated with glasses alone. Surgery is required when the misaligned eyes cannot be completely corrected with glasses. When lazy eye exists along with a squint, the lazy eye is treated first by applying a patch to close the normal eye, stimulating the lazy eye to see. This is done along with correction of co-existing refractive error with appropriate glasses. The earlier the treatment is started, better are



CROSSED EYES DELAY CAN BE DANGEROUS

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the results. After the age of 6-7 years, 'patch therapy' is usually ineffective.

Take for instance the case of Anju (name changed on request) who had inward deviation of the left eye since childhood but was brought for treatment by her parents only when she was

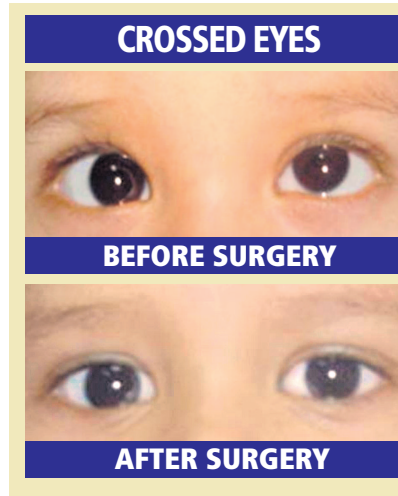
seventeen. It came to them as a shock that her left eye was not only squinting, but also had irreparable poor vision. The parents had been misguided that squint should be treated in adulthood for better results.

A baby with crossed-eyes after 3 months of age is considered to have a pathological squint. A few children may also tend to adapt an abnormal head posture to align the eyes. Sometimes young children may have a flat

nose bridge or skin fold over the nasal side of the eyes giving a false impression of squint (pseudo squint). A qualified ophthalmologist can rule out a pseudosquint and prescribe the correct course of action, if required.

The exact cause of squint is not known. It can exist in eyes without any abnormality. It can be associated with cataract, injury, corneal opacity or retinal problems. Certain brain disorders can also produce squint like cerebral palsy, Down's syndrome, brain tumors, etc.

Whatever may be the cause, delaying corrective action can be harmful. The first 3-5 years of life are extremely important for development of depth perception. Hence, an early eye alignment through squint surgery is recommended. Surgery can be performed as early as 6 months of



age. So the mantra is "Early detection and treatment because... delay can be dangerous."

Watch out for the next part of this series on September 13, 2009

GUIDELINES FOR PARENTS

- A squint/misaligned eyes persisting after 4 months of age should be reported to paediatric ophthalmologist
- Few squints in childhood can be treated with glasses alone
- If required, squint surgery can be done in a child as early as 6 months of age
- Untreated, squint can lead to lazy eye.
- Early treatment of squint and lazy eye gives the child good vision, depth perception and cosmetically straight eyes

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