Correction of Exccyclophoria

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In 1946 I operated a female patient, aged 41, with bilateral cataract of the senile type of the right eye. In 1956, i.e. 10 years later, the patient asked me to operate on the other eye. This left eye, which had only light perception, had assumed a markedly divergent position in the course of the years. I warned the patient that after the second cataract operation another operation for divergent strabismus would probably be necessary.

On November 28th, 1956, a cataract operation on the left eye was carried out. After this operation there was diplopia with excyclophoria of the left eye, which was not well measurable, and hypophoria of 3° .

On tenotomy of the externus rectus muscle of the left eye and reposition of the externus rectus muscle by 4 mm. of the right eye, an excyclophoria of 10° remained in the left eye. Orthoptic training had no effect. In January 1958 the left eye was operated on: a thread was applied under the tendon of the superior rectus muscle and another under the tendon of the inferior rectus muscle. Hyaluronidase was injected round the eyeball. The eyeball could then easily be rotated in a position of 80° in cyclophoria. In this position the eye was immobilized for 6 days. One day after removal of the immobilizing bandage there was incyclophoria of 3° and varying hyperphoria of the left eye. During the following days the patient trained intensively. Since that time she has had satisfactory binocular vision.

Discussion.

Miss Velzehoer asked whether the cyclophoria is still slowly changing.

Huy smarts replied: One day after removal of the immobilising bandage there was incyclophoria of 3° and alternating hyperphoria of the left eye. To treat the hyperphoria prism glasses were worn for about one week. With these prism glasses and later without them there has been good binocular vision up to now. There is now a slight oscillation about orthophoria; amblyoscopic examination shows a wide angle of fusion: from 10° incyclophoria till 8° excyclophoria.