

Esotropia (Convergent Squint)

What is esotropia (convergent squint)?

Esotropia is a type of squint where one eye turns inwards towards the nose. Esotropia can be constant or intermittent and may affect only one eye or swap from one eye to the other. In most cases an esotropia is caused by a problem with the brain control of eye position, rather than a problem with the eyes themselves. You are more likely to develop an esotropia if you have long sight, a family history of squint, premature birth, some conditions that affect a child's general development and less commonly a problem with the muscles that move the eye. There are different types of esotropia and the squint can develop shortly after birth or slightly later in childhood. Most cases appear before 4 years of age.

How does esotropia affect vision?

When a child develops a squint the brain ignores the images from the eye that is turning. The vision in that eye may stop

developing and may even deteriorate without treatment. This is known as amblyopia often called a lazy eye. As only one eye is being used when the squint is present the child does not have binocular vision and will not see in 3D.

How is esotropia treated?

Treatment will depend on the type of esotropia, the age of the child and whether the squinting eye is amblyopic (lazy). A squint should never be ignored and children do not grow out of squints.

Many children with esotropia have hypermetropia (long sight) and will need to wear glasses full time. Glasses will sometimes partly or fully correct the squint while they are worn. If the squinting eye has amblyopia, treatment is needed to restore vision. This is done either by wearing a patch over the non-squinting eye or using eye drops that blur vision in the non-squinting eye.

Some children will need other forms of treatment which can include

- specialised glasses with bifocal or prismatic lenses;
- eye exercises;
- surgery if the squint is still noticeable once any necessary glasses are being worn or it is hoped we can restore binocular vision.

Squint surgery does not cure amblyopia or correct the need for glasses; it will only improve the alignment of the eyes.

Who will I see?

Most of your child's care and any non-surgical treatment of a squint will be managed by an Orthoptist. The Optometrist will test for and prescribe any glasses your child might need. A Consultant Ophthalmologist (eye surgeon) may be involved in your child's care if surgery is considered necessary.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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