

عنوان مقاله:

Plication or resection combined with antagonist recession in horizontal strabismus

محل انتشار:

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خلاصه مقاله:

Abstract Background: Strengthening of extraocular muscles is a conventional procedure in the management of strabismus. Plication may be an alternative strengthening technique, and is less invasive than resection. This study compared plication and resection, each combined with antagonist muscle recession, in terms of success rates and changes in ocular deviation in the management of horizontal strabismus. **Methods:** This retrospective study recruited individuals with horizontal strabismus who underwent plication (group I) or resection (group II) coupled with antagonist muscle recession. All participants underwent a detailed baseline eye and ocular motility evaluation. Demographic and clinical data were collected, including age, sex, type of preoperative strabismus (exotropia or esotropia), baseline visual acuity, mean follow-up duration, laterality of operated eye, surgical doses of correction (resection, plication, or recession) in millimeters, preoperative strabismus magnitude in prism diopters (PD), and postoperative strabismus magnitude in PD. Successful postoperative deviation was defined as greater than or equal to 10° PD. At final follow-up, the success rates and degrees of change in angle of deviation were recorded. **Results:** Forty-four patients were enrolled: 19 patients in group I (plication) and 25 patients in group II (resection). The groups had comparable ages, sex ratios, types of strabismus, and preoperative and postoperative angles of deviation (all $P > 0.05$). Despite comparable success rates between groups (73.7% in group I versus 64.0% in group II, $P > 0.05$), the difference (9.7%) was marginally close to the predefined clinically meaningful difference of 10%. In the esotropia subgroup, despite comparable alignment between the plication and resection groups ($P > 0.05$), the difference was clinically meaningful (17.3%), and both groups had higher success rates in the esotropia subtype than in the exotropia subtype. The rate of over- or undercorrection was not statistically or clinically different in the total and in each subtype of strabismus (all $P > 0.05$). Success rates for unilateral and bilateral cases were similar between groups (both $P > 0.05$). Changes in angle of deviation were similar for individuals with esotropia and exotropia between groups (both $P > 0.05$). **Conclusions:** In esotropic and exotropic strabismus, plication and resection procedures combined with antagonist recession were similarly effective. However, further randomized, large-scale, longitudinal studies with clinical and subjective evaluations could provide practical ... eviden

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