



# BIPOSA Conference 2009

**BRITISH ISLES PAEDIATRIC,  
OPHTHALMOLOGY & STRABISMUS  
ASSOCIATION**

RSAMD, 110 Renfrew Street Glasgow  
23rd - 25th September 2009



**14:00 - 15:00**

Roger Trimble Memorial Lecture 2009:  
*Expanding the repertoire – New techniques for the strabismus surgeon*

**Dr Lionel Kowal**, University of Melbourne

Three new strabismus techniques will be presented:

- A. The medial rectus pulley suture.  
10 years ago Demer demonstrated that the main effect of the scleral 'Faden' was to produce a restriction of movement through the orbital pulley of the muscle. Suturing the MR to the pulley should have a similar restrictive effect, and indeed it does, without exposing the patient to the risks of a scleral suture. The technique will be explained, and results of 20 consecutive cases presented.
- B. Periosteal fixation.  
There are many ways of 'maximally' weakening a muscle, none more effective than removing it completely from the globe. Scott first suggested this for crippling the LR in 3rd n palsy – removing it and suturing it to the lateral orbital periosteum – and this is the main indication for this technique.
- C. The 'adjustable Faden'.  
..aka as Resect/ Recess of the one muscle. Part of the effect of the Faden is the 'traditional' change of moment by changing the arc of contact (though the main effect is pulley related). A recession can be augmented by simultaneous resection of a small amount of muscle and increasing the amount of recession by that amount. This will change the moment of the muscle. I find this reliable on the inferior rectus, less reliable elsewhere.

**15:30 - 16:20**

**Session 4: Ocular Motility / Neuro Cliff Weir**

**15:30 - 15:37**

*Nystagmus and reduced visual acuity secondary to drug exposure in utero: Long-term follow-up*  
**Gupta M, Lascaratos G, Mulvihill A, Fleck B, George N**  
Princess Alexandra Eye Pavilion Edinburgh

**INTRODUCTION:** We have previously reported fourteen children with ocular problems secondary to opiate and benzodiazepine exposure in-utero. Here, we report an enlarged cohort of twenty-five children, many with follow-up of 6 months or more. Where possible, we have also gleaned as much additional background history as possible on each child. To date, no other reports of this have been published.

**METHODS:** This study is a case series comprising clinical examination and case note review of twenty-five children with ocular problems who were exposed to controlled drugs during pregnancy. All the identified children were examined by an experienced paediatric ophthalmologist. All of the children had a complete eye examination including an age appropriate assessment of visual acuity. Visual acuity results were recorded as LogMAR equivalents. The nature of the nystagmus was recorded, along with any compensatory head posture.

**RESULTS:** Twenty-two children were exposed to opiates during pregnancy, and 12 were also exposed to benzodiazepines. Two children were exposed to benzodiazepines alone. Eight children were examined once whereas 16 were followed for an average of 26 months. The nystagmus was a fine horizontal pendular type in 41.7%; fine horizontal jerk nystagmus in 45.5% and, latent in 12.5%. Where the time of onset of nystagmus was known, it was always before 6 months of age. At least 9 children (37.5%) had delayed visual maturation. Visual acuity could not always be formerly measured until several years of age. The mean earliest measurable binocular best-corrected visual acuity was 0.6 logMAR at an average of 21 months of age, improving to 0.39 by an average of 42 months of age. Electroretinogram