

DEFINITION

- 1 **Strabismus** or **squint** are generic terms applied to all those conditions in which the visual axes assume a position relative to each other which is different from that conforming to physiological conditions.
- 2 There are basically two types of squint.
 - 2.1 **Concomitant (or non-paralytic)** squint.
 - 2.2 **Paralytic** squint.

CLINICAL MANIFESTATION

- 3 Apart from the usually obvious deviation of the eye, the main symptom of this condition is diplopia, which may lead to nausea and giddiness.

AETIOLOGY

- 4 **Concomitant (or non-paralytic) squint** includes the common squint of childhood but may develop at any age. The most obvious clinical characteristic is that the angle of convergence or divergence between the two eyes does not vary with the direction of gaze. Binocular vision either fails to develop properly in a baby or may cease to function at any stage later in life for the following reasons:
 - 4.1 High degrees of refractive error.
 - 4.2 Ocular disease of any type which causes one eye to lose most or all of its vision.
 - 4.3 Failure of cerebral development involving the mechanism of appreciation of binocular vision.

If the mechanism is well developed and the defect slight, visual alignment may be obtained by continual effort. The condition is then known as **heterophoria** or **latent strabismus**.

- 5 **Paralytic squint** may be congenital or acquired. In this condition the angle of squint varies with the direction of gaze. The lesions which may cause paralytic squint include –
 - 5.1 head injuries
 - 5.2 intracranial vascular lesions, aneurysms and tumours
- 6 In some cases the lesion is such that it results in irregular or spasmodic activity of the ocular muscles – this is known as **kinetic squint**.

CONCLUSION

- 7 **Strabismus** or **squint** are terms applied to any deviation of the visual axes of the eyes in relation to each other. Causes of squint have been listed and discussed above.

REFERENCE

Miller S J H. Parson's Diseases of the Eye. 18th Ed. Churchill Livingstone. Edinburgh. 1990. p325–350.

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