Esotropia (Initial and Follow-up Evaluation)

(Ratings: A: Most important, B: Moderately important, C: Relevant but not critical
Strength of Evidence: I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

Initial Exam History (Key elements)

- Ocular symptoms and signs (A:III)
- Ocular history (date of onset and frequency of the deviation, presence or absence of diplopia) (A:III)
- Systemic history (review of prenatal, perinatal and postnatal medical factors) (A:III)
- Family history, including presence of strabismus, amblyopia, extraocular muscle surgery, genetic diseases. (A:III)

Initial Physical Exam (Key elements)

- Visual acuity (A:III)
- Ocular alignment (at distance and near) and motility (A:III)
- Extraocular muscle function (A:III)
- Detection of nystagmus (A:III)
- Sensory testing (A:III)
- Cycloplegic retinoscopy/refraction (A:III)
- Fundoscopic examination (A:III)

Care Management

- Consider all forms of esotropia for treatment and re-establish ocular alignment promptly (A:III)
- Prescribe corrective lenses for any clinically significant refractive error (A:I)
- If optical correction does not align the eyes, then surgical correction is indicated (A:III)
- Start amblyopia treatment before surgery to reduce angle of strabismus or increase likelihood of binocularity (A:III)

Follow-up Evaluation

- Periodic evaluations necessary until visual maturity reached (A:II)
- Hyperopia should be assessed every 1 to 2 years (A:III)
- More frequent cycloplegic examinations are indicated in cases with changes in acuity, amblyopia, or unstable alignment (A:III)
- If the examination has been stable, follow-up evaluations are appropriate every 1 to 2 years during teenage years (A:I)
Esotropia Follow-up Evaluation Intervals (A:III)

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Interval (months)</th>
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<tbody>
<tr>
<td>0-1</td>
<td>3-6</td>
</tr>
<tr>
<td>1-5</td>
<td>6-12</td>
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<tr>
<td>5</td>
<td>12-24</td>
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</tbody>
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**Note:** More frequent visits may be necessary if amblyopia is present or if there is a recent deterioration of alignment.

**Patient Education**

- Discuss findings with the patient when appropriate and/or parents/caregivers to enhance understanding of disorder and to recruit them in a collaborative approach to therapy. *(A:III)*
- Formulate treatment plans in consultation with the patient and/or family/caregivers. *(A:III)*

* Adapted from the American Academy of Ophthalmology Summary Benchmarks, November 2010 (www.aao.org)