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Patient Information – Accomodative Esotropia in Children

This leaflet is designed to give you further information on your child's eye alignment. Please note that it won't cover everything, as every patient is different. Miss West will discuss your particular case with you but if you are unclear about any aspect of this treatment or have any further questions, please ask.

What is Accommodative Esotropia?

Accommodative esotropia is a common type of eye misalignment (strabismus) in children where one or both eyes turn inward, especially when focusing on nearby objects. This condition typically develops between 6 months and 7 years of age, with most cases appearing around 2-3 years old.

Types

There are two main types of accommodative esotropia:

Fully accommodative esotropia: The eye alignment is completely corrected with glasses.

Partially accommodative esotropia: Some misalignment remains even with glasses.

What Causes Accommodative Esotropia?

The primary cause is farsightedness (hyperopia), which requires extra focusing effort, leading to excessive inward eye turning. Other factors may include:

- Family history of eye misalignment
- Premature birth
- High ratio of focusing to convergence (AC/A ratio)

What are the Signs and Symptoms?

- Noticeable inward eye turning, especially when looking at close objects
- Eye rubbing or squinting
- Headaches
- Double vision (unusual in children aged 7 and under)
- Tired eyes
- Difficulty with depth perception

How is the diagnosis made?

Miss West and one of the orthoptic team will perform a comprehensive eye examination, including:

- Visual acuity testing
- Eye alignment assessment
- Cycloplegic refraction to determine the full extent of farsightedness

What is the treatment?

Glasses

The primary treatment is prescribing glasses to correct farsightedness. This often helps align the eyes and improve vision. These should be worn full time.

Patching or Atropine Drops

If amblyopia (reduced vision in one eye) develops, the stronger eye may be patched or treated with atropine drops to encourage use of the weaker eye.

Surgery

In partially accommodative esotropia, surgery may be recommended to correct residual misalignment after glasses have been prescribed.

Prognosis and Follow-up

Many children with accommodative esotropia will need glasses long-term. Regular eye exams are crucial to monitor vision and adjust prescriptions as needed.

Some children may eventually reduce their dependence on glasses, but this varies individually. When they are old enough they can wear contact lenses and as an adult refractive surgery may be a possibility to reduce the need to glasses.

Important Notes

Consistent use of prescribed glasses is essential for proper eye alignment and vision development.

Early intervention is key to preventing amblyopia and promoting normal visual development.

Be patient during the adjustment period to new glasses, which can take 6-8 weeks.

Please don’t hesitate to contact us with any changes in eye alignment or vision.

Remember, every child's case is unique. Always follow our specific recommendations for your child's treatment plan.