
Jednooczny deficyt unoszenia gałki ocznej – obraz kliniczny i metody leczenia chirurgicznego

Monocular Elevation Deficiency Clinical Features and Surgical Treatment Methods

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Summary:

The aim of this paper is to present Monocular Elevation Deficiency, previously known as a double elevator palsy. Monocular Elevation Deficiency is the limitation of elevation of the affected eye in both adduction and abduction. This condition can lead to hypotropia and can be associated with ptosis or pseudoptosis. Monocular Elevation Deficiency can be congenital or acquired, what can cause serious consequences like amblyopia. For paediatric patients early treatment is essential to avoid amblyopia and obtain binocular vision.

Most of Monocular Elevation Deficiency cases require surgical treatment, however there are types of this motility disorder which require only observation. The choice of surgical procedure varies according to underlying cause and the strabological examination results. Generally, the result of forced duction test is the most important component in choosing an adequate procedure in the management of Monocular Elevation Deficiency. There is a broad range of surgeries in this form of strabismus: Knapp's procedure and its modifications, recession of inferior rectus muscle or other types of operations on contralateral eye. The main rule in treatment Monocular Elevation Deficiency is that the vertical deviation has to be corrected first to ensure the pseudoptosis element is eliminated, and as a second step ptosis can be surgically cured.

Key words:

monocular elevation deficiency (MED), ptosis, hypotropia, Knapp's procedure.

Słowa kluczowe:

jednooczny deficyt unoszenia gałki ocznej, opadanie powieki górnej, hipotropia, procedura Knappa.