HORIZONTAL TRANSPOSITION OF THE VERTICAL RECTUS MUSCLES TO TREAT CYCLOTORSION - A CASE REPORT

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Horizontal transposition of the vertical rectus muscles was proposed as a surgical procedure to treat ocular torticollis and cyclotropia. A 60 year-old male patient had left eye torsional diplopia. Fundus photograph showed 20 degrees excyclotorsion. We did LSR a muscle-width temporal transposition and LIR a muscle-width nasal transposition to get satisfactory result. In our patient, each muscle transposition corrected 10 degrees excyclotorsion. The key point of this procedure is that the muscle ends should be sutured at equidistance from the limbus as the original insertion. We doubt this procedure will be much less effective if combined with recession.

Key words: cyclotorsion, transposition of vertical rectus muscles.

INTRODUCTION

Horizontal transposition of the vertical rectus muscles was proposed as a surgical procedure to treat ocular torticollis¹ and cyclotropia². Nasal transposition of superior rectus muscle and/or temporal transposition of inferior rectus muscle would treat incyclotorsion or ipsilateral head tilt; temporal transposition of superior rectus muscle and/or nasal transposition of inferior rectus muscle would treat excyclotorsion or contralateral head tilt. We treated a patient with this surgical method, whose left eye had both subjective and objective excyclotorsion.

CASE REPORT

A 60 year-old male patient had traffic accident 4 years ago. Left eye torsional diplopia had annoyed him for more than one year. The vision was OD 0.7 x -3.75, OS 0.6 x -4.5. He had mild habitual head tilt to left and could clearly sketched the diplopia as in Fig.1. The eye position examination showed left hypotropia and RIOOA (Fig.2&3). Bagolini striated lens examination revealed 9 degrees excyclotorsion of left eye. Fundus photograph showed 20 degrees excyclotorsion (Fig.4). We did LSR a muscle-width temporal transposition and LIR a muscle-width nasal transposition (Fig.5) for left excyclotorsion, and