

• Intermittent Exotropia (IXT) •

Intermittent exotropia is an exodeviation intermittently controlled by fusional mechanisms.



signs & symptoms

Cosmesis
Blur
Asthenopia
Diplopia
Monocular eye closure in bright sunlight



Clinical Characteristics

Intermittent fusion
Amblyopia is rare
Good stereoacuity at near(generally)
When tropic, 1 of following:
Diplopia
Suppression
Anomalous correspondence

Differential Diagnosis

Exophoria
Infantile exotropia
Pseudoexotropia
Chronic progressive external ophthalmoplegia
Partial Cranial Nerve (CN) III palsy
Duane syndrome Type II
Myasthenia Gravis

Old Classification's of IXT

Duane's classification:

1. $D > N$ divergence excess type
2. $N > D$ convergence insufficiency type
3. $D = N$ basic type

Burian's classification:

$D > N$: monocular occlusion or with +3.00 diopter (D) lenses :

1. $D > N$ true divergence excess type
2. $D = N$ simulated divergence excess type
3. $N > D$ convergence insufficiency type
4. $D = N$ basic type

Kushner's classification



If a disparity exists between the distance and the near measurement, the AC/A ratio is obtained. This is done after fusion has been suspended by using 60 minutes of occlusion.

Kushner's Classification of Intermittent exotropia		
Type	Description	Percent
Basic	Distance and Near Measurements are equal	37
Tenacious Proximal Fusion	Distance measurement initially exceeds near, but the near measurement increases after 60min. of occlusion	40
High AC/A ratio	Distance measurement exceeds near measurement, and a high AC/A ratio is present	5
Proximal Convergence	Distance measurement exceeds near measurement, even after 60min. of occlusion. AC/A ratio is normal	4
Low AC/A ratio	Near measurement exceeds distance measurement. A low AC/A ratio is demonstrated.	11
Fusional Convergene Insufficiency	Near measurement exceeds distance measurement. Patients have poor fusional convergence amplitudes.	<1
Pseudo Convergence Insufficiency	Near measurement exceeds distance measurement, but distance measurement increases with 60 minutes of monocular occlusion	<1

Criteria for judging deterioration:

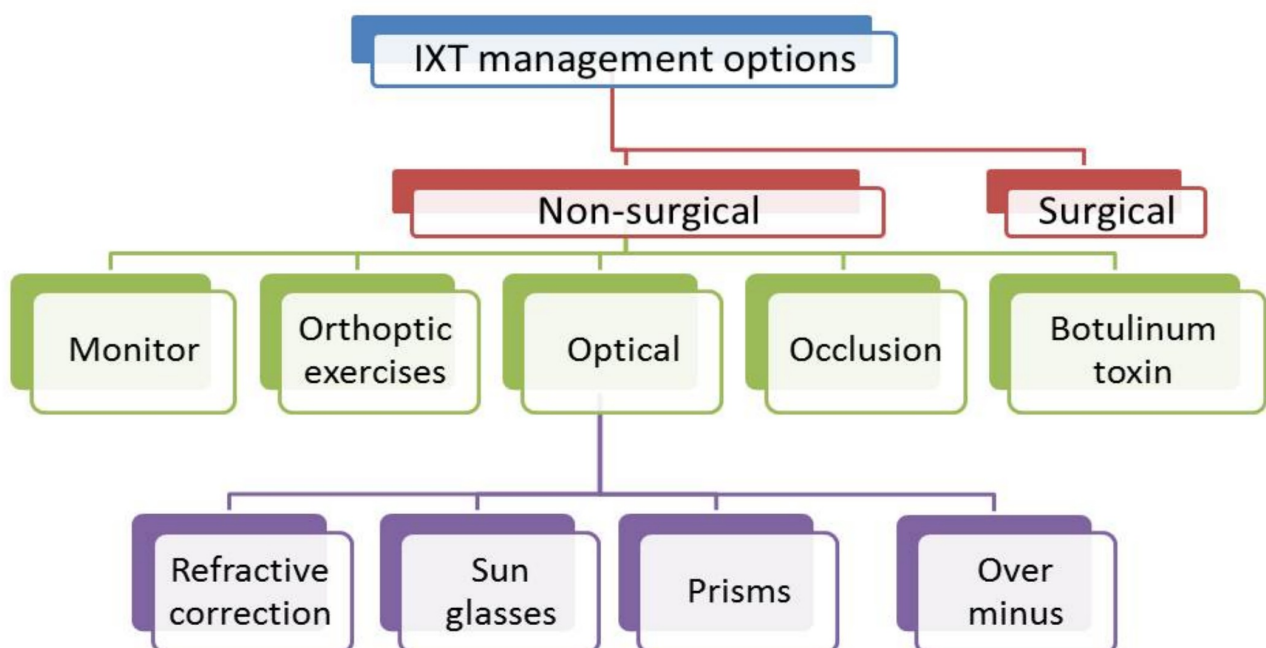
1. Frequency/control of deviation
2. Angle of deviation
3. Stereopsis
4. Concern regarding cosmesis /social interaction

The revised Newcastle Control Score	
	Score
Home control	
XT or monocular eye closure seen	0
Never	1
<50% of time fixing at distance	2
>50% of time fixing at distance + seen at near	3
Clinical control	
Near	
Immediate realignment after dissociation	0
Realignment with aid of blink or re-fixation	1
Remains manifest after dissociation or prolonged fixation	2
Manifest spontaneously	3
Distance	
Immediate realignment after dissociation	0
Realignment with aid of blink or re-fixation	1
Remains manifest after dissociation or prolonged fixation	2
Manifest spontaneously	3
Total NCS = home + near + distance	



The decision whether to treat should be based on control, and how to treat is based on the magnitude of the deviation

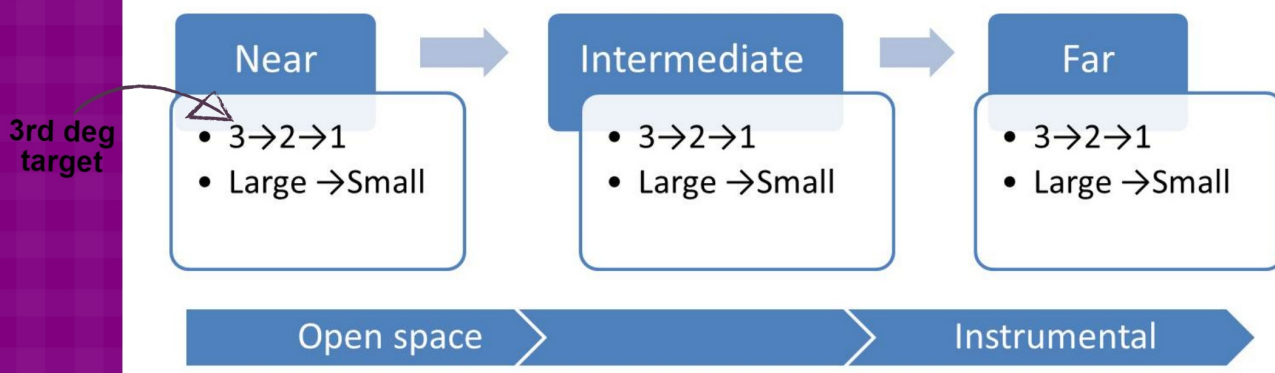
Distance Randot test performance deteriorates at the earliest stages of intermittency



Strategies for active orthoptic therapy

1. Classical orthoptics strongly emphasizes the development of diplopia awareness.
2. Flax: avoids techniques for becoming aware of pathologic diplopia. Emphasizes the use of detailed third-degree targets initially, with a sequential introduction of second- and, finally, first-degree fusion targets. This sequence begins at near and then is repeated at intermediate distances and finally at a distance of about 6 m.
3. Cooper: combination of the two approaches. Beginning therapy with diplopia awareness procedures and then following the sequence of therapy recommended by Flax.

Strategies for active orthoptic therapy



http://eyewiki.aao.org/Intermittent_Exotropia



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