

UCLA offers specialized care for pediatric ocular motility disorders strabismus and amblyopia



The Pediatric Ophthalmology and Strabismus divisions of the UCLA Stein Eye Institute and Doheny Eye Center UCLA in Arcadia, Pasadena and Orange County specialize in the comprehensive evaluation and management of pediatric ocular disorders including ocular motility (muscle) disorders. Strabismus (both pediatric and adult) and amblyopia are among the most common disorders treated by UCLA pediatric ophthalmologists.

UCLA has been a leader in the treatment of these disorders since 1961, having established the first pediatric ophthalmology division at any U.S. medical school under the guidance of Dr. Leonard Apt — the first physician anywhere to be board-certified in both pediatrics and ophthalmology. UCLA remains one of the largest providers of pediatric and adult strabismus eye care on the West Coast.

Strabismus, also commonly called cross-eye or wall-eye, is a condition in which the eyes fail to align in where they point. One eye may look straight ahead while the other turns inward (esotropia), outward (exotropia), upward (hypertropia) or downward (hypotropia). The misalignment can be constant, or it can be intermittent. Which eye is straight and which is misaligned may switch or alternate.

Strabismus can be associated with refractive errors (problems with the eyes' ability to focus images), illness, injury or heredity.

It is never too late to correct strabismus

Approximately 4 percent of adults have strabismus (misaligned eyes). While many adult patients suffer from untreated pediatric strabismus, newly developed eye muscle problems secondary to injury, illness or head trauma may also occur.

“No person is ever too old to have treatment for strabismus,” says Monica Khitri, MD, a UCLA pediatric ophthalmologist and strabismus specialist at Doheny Eye Center UCLA. “Too often we see adults come in after having been told elsewhere that they are too old for surgery and that there is nothing to do for their misaligned eyes. But that is just not true.

“Adults can benefit from some of the same strabismus treatments that are available to children, including prism glasses and surgery. Most adults who choose to have surgery are successful in treating their strabismus.

“In fact, adjustable sutures for strabismus correction — a surgical technique that allows refinements to be made in the immediate postoperative period — are more suitable to adults than children.

“It is a myth that strabismus cannot be treated in adults,” says Dr. Khitri.

One in 20 children affected

Up to 5 percent of all children have some type or degree of strabismus and 90 percent of strabismus patients are children. But the condition can affect anyone, at any age. Adults with misaligned eyes may have untreated or recurrent pediatric strabismus, or the condition may be due to a recent illness or injury.

If treatment of strabismus is delayed, amblyopia, often referred to as lazy-eye, may develop. For patients with amblyopia, signals from the misaligned eye are 'turned off' by the brain to avoid double vision. Relying solely on the better-seeing eye can lead to loss of vision in the eye that is not being used.

Amblyopia can also result from uncorrected refractive errors, pediatric cataracts, eyelid drooping or blockage of vision due to trauma. Amblyopia is not only the leading cause of visual loss in those under 40; it causes more visual loss than all other conditions and injuries combined.

Managing strabismus and amblyopia

Treatments for strabismus and amblyopia aim to restore binocular (two-eyed) vision by correcting eye alignment. Treatment options depend upon the type of disorder and may include glasses, patching one eye (to strengthen the weaker eye by forcing the brain to selectively use it), Botox injections, prism lenses or a combination of these treatments. Often, surgical intervention is necessary to align the eyes.

During strabismus surgery, the ophthalmologist makes a small incision in the tissue covering the eye, the conjunctiva, to access the eye muscles. The muscles are then repositioned and/or resected, with the desired position dictated by the direction the eye is turning, as well as the degree to which this occurs.

Strabismus surgery is usually performed as an outpatient procedure. Pain is minimal and recovery time may be as short as several days.

The use of adjustable sutures in strabismus correction enables the surgeon to fine-tune the muscle position immediately following the initial surgery. Adult patients with strabismus can most benefit from this technique as it allows clinical feedback from when they are awake to improve their chances of postoperative success.

Comprehensive clinical care

In addition to strabismus and amblyopia, UCLA strabismus surgeons and pediatric ophthalmologists specialize in the full spectrum of pediatric ocular disorders, including cataracts, glaucoma, congenital and pediatric ptosis (drooping upper eyelid), congenital and acquired corneal disorders including corneal transplantation, ocular inflammation, blocked lacrimal (tear) ducts, blinding retinal diseases of premature babies and neuro-ophthalmologic disorders.

Special care is given to provide a friendly atmosphere that puts children and their families at ease.

UCLA Stein and Doheny Eye Institutes are ranked fifth in the nation and best in the Western United States for ophthalmology by *U.S. News & World Report*.

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