



Up to 5% of all children may have some type or degree of strabismus. Strabismus is defined as an abnormal alignment of the eyes. If onset is in childhood, strabismus is often comitant - the misalignment or deviation of the eyes is the same in all gaze positions. Because untreated strabismus is a cause of amblyopia* and irreversible blindness, suspected strabismus should be promptly referred to ophthalmology.

COMMON CHILDHOOD STRABISMUS TYPES AND PRESENTATIONS

1. Congenital esotropia:

The constant inward turning of one or both of the eyes.

This misalignment of the eyes is often identified prior to 6mo of age.



[Esotropia](#) © Community Eye Health, [CC BY-NC 2.0](#)

2. Accommodative esotropia:

The inward turning of one or both of the eyes when trying to focus on close objects. Onset is typically between 6mo-7yrs of age and starts as an intermittent strabismus that becomes constant with time.



[Accommodative Esotropia](#) © IAPB/VISION, [CC BY-NC-SA 2.0](#)

3. Congenital exotropia:

The constant outward turning of one or both of the eyes.

Typical presentation is before 6mo of age and is associated with craniofacial malformations and neurologic abnormalities.



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PHYSICAL EXAM: TESTS THAT HIGHLIGHT STRABISMUS

- Ophthalmoscopy and Red Reflex (the misaligned eye may have a brighter and lighter red reflex)
- Corneal Light Reflex (light may not be centered on the pupil of the deviated eye)
- Cover Test (if the uncovered eye moves to pick up fixation, this suggests a strabismus)
- Extraocular eye movement testing (misalignment of the eye may be observed in all gaze positions)



[Cover Test](#) © 176th Wing, Alaska Air National Guard, [CC BY 2.0](#)



***Amblyopia** is a decrease in visual acuity due to a disruption in how the brain and eyes communicate. Strabismus is the most common cause of amblyopia. This disruption can cause a progressive decrease in visual acuity with varying degrees of correctability.

NEXT STEPS

If strabismus is suspected, ophthalmology needs to be consulted.

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Megan Pohl (Medical Student, University of Alberta), Christopher Rudnisky (MD MPH FRCSC, Department of Ophthalmology & Visual Sciences, University of Alberta)