



Exotropia (Wall Eyes)

Strabismus is the general term for an imbalance between the eyes. Exotropia is the specific term for the condition in which one eye is turned outward (opposite of crossed eyes). "Exo" means out and "tropia" refers to the deviating eyes.

Exotropia is usually first seen in early childhood as an intermittent condition in which one eye turns outward under the condition of fatigue (bedtime, cranky times), illness and anxiety. It tends to become more obvious over a period of time in the sense that the frequency with which the eyes turn out increases with age. Parents usually observe this when the child is day dreaming, or staring into the distance. It is not uncommon for a parent to notice the eye deviating when the child is looking across the room, but then be not apparent when the child is focused on a near object. These children often close one eye in bright sunlight for reasons that are not well understood. Because the eyes are straight some of the time, weak vision, or amblyopia, is less commonly seen with exotropia. Many children with intermittent exotropia will become constantly turned out if untreated.

Eye exercises and glasses can give some temporary improvement for intermittent exotropia. However, when these exercises are stopped, or when the glasses are not worn, the eyes often return to the exotropic position. Thus, they have temporary benefit without the "relative" permanency of eye muscle surgery. Pre-school children between one-and five-years-old are not good candidates for eye exercises. There are occasional cases in which exotropia does not worsen, but this would be an exception rather than the rule.

In contrast to children with crossed eyes, children with exotropia ("wall eyes") only rarely improve with glasses. The definitive management of exotropia usually requires eye muscle surgery. However, the time and age to operate is a debatable issue. When the eyes are crooked all the time, there is little question that eye muscle surgery should be undertaken. On the other hand, if the eyes only are crooked with extreme fatigue at the end of a long tiring day, surgical intervention can be deferred. It is when the eyes are periodically crooked that a legitimate variation of opinion exists as to whether exotropia should be corrected with surgery. A child with a noticeable deviation in the early school years is teased and some children can end up having eyestrain or headaches from the additional effort required to keep the eyes straight. Most eye surgeons will recommend eye muscle surgery for the intermittent exotropia when the amount of deviation is quite severe (when the eye is turned out 50% or more of the time), or when decreasing depth perception is documented.

The course of exotropia is fairly predictable. The out-turning usually is intermittent in the beginning. Seventy-five percent of patients will worsen over time. The goal should be to intervene surgically at some appropriate time before the eyes are constantly deviated outward and all binocular vision is generally lost.

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