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Frequently Asked Questions: Accommodative Esotropia

What is accommodative esotropia?

Accommodative esotropia or refractive esotropia is a common form of eye crossing that occurs in children; usually 2 years or older. In this type of eye misalignment (strabismus), the eyes turn inward when the child focuses to see clearly. This focusing effort is called accommodation. The closer an object is to the eye, the greater the amount of accommodation that is required. Patients with accommodative esotropia are typically farsighted (hyperopic). In general, the more farsighted a person is, the more they need to focus to see and the more likely they are to cross their eyes. However, not all farsighted people will cross – some are more sensitive than others. Therefore, while two individuals may have the same eyeglasses prescription strength, one may cross and the other may have perfectly straight eyes.

How is accommodative esotropia treated?

Initial treatment for accommodative esotropia usually involves the prescription and full-time wearing of eyeglasses. By letting the eyeglasses do the work, the eyes can relax their focusing or accommodation. In turn, this will reduce some or all of the crossing.

What happens after my child starts wearing glasses?

It is normal for the eyes to continue crossing without the glasses. In fact, the crossing may be even more noticeable than it was before your child started wearing glasses. What is important to note is whether or not the eyes look straighter with the glasses on. Your pediatric ophthalmologist is the best person to judge this and will give you feedback at your follow-up examinations. These follow-up examinations are important not only to monitor the eye crossing, but also to look for other problems that may be associated with accommodative esotropia such as amblyopia (vision loss that may affect one or both eyes in young children).

What role does surgery play in accommodative esotropia?

Surgery may be needed if the eyeglasses do not straighten the eyes enough. Eye muscle surgery (strabismus surgery) may be recommended to further improve the alignment of the eyes. Surgery for accommodative esotropia does not eliminate the need for glasses, but rather fixes the amount of crossing that is “left-over” when the glasses are on. After surgery the eyes will likely continue to cross when the eyeglasses are off. In children, farsightedness often decreases as they grow. If this happens, the eyes may some day be straight without glasses.

Why do some children with accommodative esotropia require bifocals?

In some cases, children will have a lot more eye crossing (esotropia) when looking at objects up close, such as while reading. This may occur even when wearing glasses to correct their farsightedness (hyperopia). They may still cross their eyes up close even if they have perfectly straight eyes when looking at objects further away. These children may benefit from having “extra strength” in the reading area of the eyeglasses in the form of a bifocal lens.

If you have any other questions, please do not hesitate to call.