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Frequently Asked Questions: Intermittent Exotropia

What is Exotropia?

Exotropia refers to eyes that turn outward. It is the opposite of crossed eyes, or esotropia. Exotropia may occur from time to time (intermittent exotropia) or may be constant, and is found in every age group.

What is Intermittent Exotropia?

Many people normally have a tendency for the eyes to drift outward when their eyes are completely relaxed, such as when they are “staring off into space” while daydreaming. This outward drift, which occurs only in those moments when the eyes are not paying attention to each other, is called exophoria, and is controlled effortlessly by refocusing our visual attention.

At first, the exotropia may occur rarely. Over time, it may become more frequent/noticeable – this is called *Intermittent Exotropia*. Over time, it may even get to the point of becoming constant; however the length of time it takes for intermittent exotropia to become constant varies from a few months or years to lasting an entire lifetime without ever becoming more than an occasional nuisance.

People with intermittent exotropia may experience that outward drift only occasionally, such as when they are very tired, feeling sick, or after drinking alcohol, despite their efforts to refocus. Children may squint one eye in bright sunlight, or may rub one of their eyes. Some patients say that they can feel that an eye is misaligned, even though they do not see anything unusual. Others are unaware that an eye is turning unless it is mentioned by another person. Most exotropia does not resolve spontaneously (without treatment), but often it may be adequately controlled in children with the help of glasses or alternate patching.

How is Intermittent Exotropia treated?

The initial goal of treatment is to help the patient control intermittent exotropia as much as possible. In younger children, this may be accomplished with alternate patching of their eyes in an effort to avoid the suppression of vision in one eye and encourage the patient to use both eyes equally and together. Some children may also be treated with glasses that have been adjusted to encourage them to focus which may help them to control the drifting. It is also important to see your ophthalmologist as often as recommended, in order to keep your child's visual system fine-tuned. The success of these treatments is very patient dependent. They work for some patients, but not for others. Unfortunately, the progression of intermittent exotropia is not something that can be predictably controlled.

What is the role of surgery in Intermittent Exotropia?

If the eyes have become misaligned more often than they are straight, surgery on the eye muscles may be recommended in order to realign the eyes. Criteria for surgery may vary somewhat, but generally surgery is indicated when the exotropia is frequently present, when the patient is experiencing significant symptoms (eyestrain, double vision, squinting), or when there is evidence that the patient is losing "binocular vision", or the ability to use both eyes together and appreciate depth (3D vision). Surgery may not be recommended if the exotropia is adequately controlled with nonsurgical means.

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