

Esotropia (Crossed Eyes)

What is esotropia?

Esotropia literally means a turning in (*eso*, in + *tropia*, turning). It is the medical term for eyes that cross.

Can esotropia cause permanently decreased vision?

Yes. The brain may develop the habit of ignoring an eye that turns in. Vision will not develop as well in that eye. The poor vision will be permanent unless treatment is begun at an early age -- 6 or 7 at the latest, but ideally as soon as crossing is noticed.

Is esotropia common?

Yes. 1-2% of children will have some misalignment of the eyes. Esotropia (eyes turning in) is 3-4 times as common as eyes turning out.

Is all crossing the same?

No. This cannot be emphasized too much.

- Crossing may begin at birth, or develop later in life.
- Crossing may be present all the time, or only occasionally.
- Crossing may be eliminated by glasses completely, partially, or not at all.
- Crossing is usually not associated with other health problems, but occasionally is associated with life threatening health problems.

Is esotropia the same thing as "lazy eye"?

Yes and no. People use the term "lazy eye" for esotropia, but also for other disorders, such as poor vision or a droopy eyelid. When people ask about lazy eye, I usually try to clarify: "Do you mean 'lazy'/not straight, or 'lazy'/not seeing well, or both?" I also emphasize that the child is not lazy: crossing cannot be eliminated by trying harder.

Does esotropia run in families?

Yes, but not in a predictable way. Families in which crossing occurs should watch more closely for crossing in their children.

Is it ever normal for a baby's eyes to cross?

During the first 2-3 months of life, a baby's eyes may not always be straight. Coordination of the movement of the two eyes is still developing. By 3-4 months of age, though, the child's eyes should be straight at all times. A pediatric ophthalmologist should check any child 4 months or older whose eyes aren't straight.

How is esotropia treated?

Treatment may require glasses, surgery, or both. Patching the better seeing eye can improve vision in an eye that turns in, but usually cannot straighten the eye.

Is prompt treatment of esotropia important?

Yes. Prompt treatment is more successful in eliminating crossing and the problems which accompany it. Prompt treatment is more successful in preventing amblyopia, the poor vision which results from the brain ignoring the eye which turns in. Prompt treatment also leads to better ability to use the eyes together, better depth perception, and more stable alignment of the eyes over time.

What are the characteristics of esotropia which begins at birth?

Children whose eyes cross in the first few months of life usually require surgery. These children may have difficulty using their eyes together even after the eyes are surgically straightened. Vertical misalignment (an eye that turns up when looking to the side or straight ahead) may develop later in childhood and require further surgery.

What are the characteristics of esotropia which develops later in childhood?

Children are often found to be more hyperopic (farsighted) than normal. If so, glasses are tried. If the eyes straighten completely with glasses, the child will need to remain in glasses, usually at least through grade school.

If the eyes do not straighten completely with glasses, surgery is necessary. These children often do well using the eyes together after surgery.

Is it ever too late to straighten an eye that is turned in?

No. This is a common misunderstanding among patients and other doctors. Surgery can always be done to straighten an eye. If the eye has poor vision due to longstanding crossing, though, there may be nothing that can be done to improve the vision in that eye. There are many people who needlessly suffer the embarrassment of an eye that is not straight because they have been wrongly told it is too late to do anything.