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(Fig. 1).

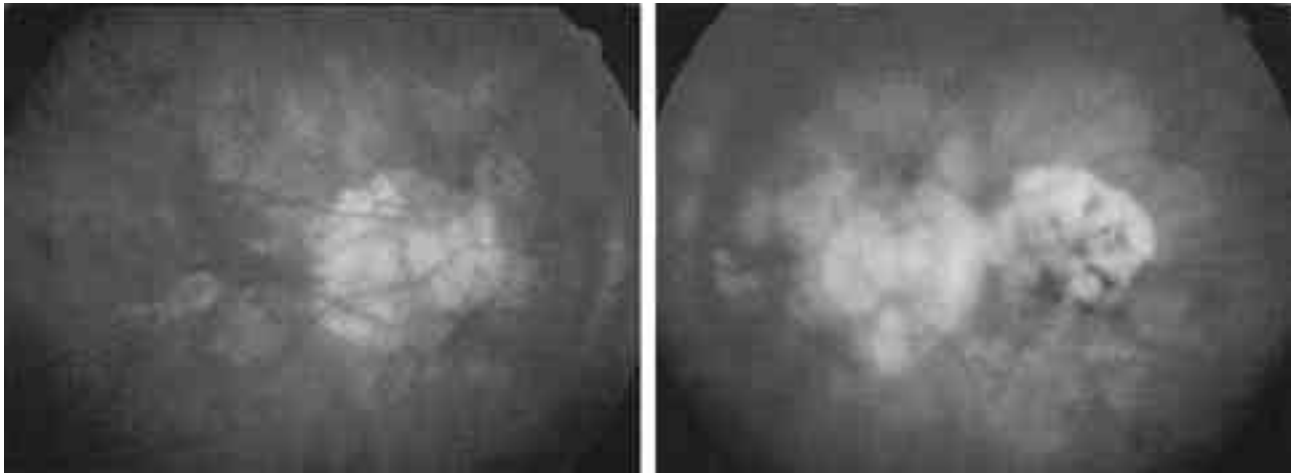


Figure 1. Fundus photographs showing vertically elongated and tilted optic disc, peripherally loss of pigmentation and myopic degenerative retinal changes. Left: Right eye, Right: Left eye.

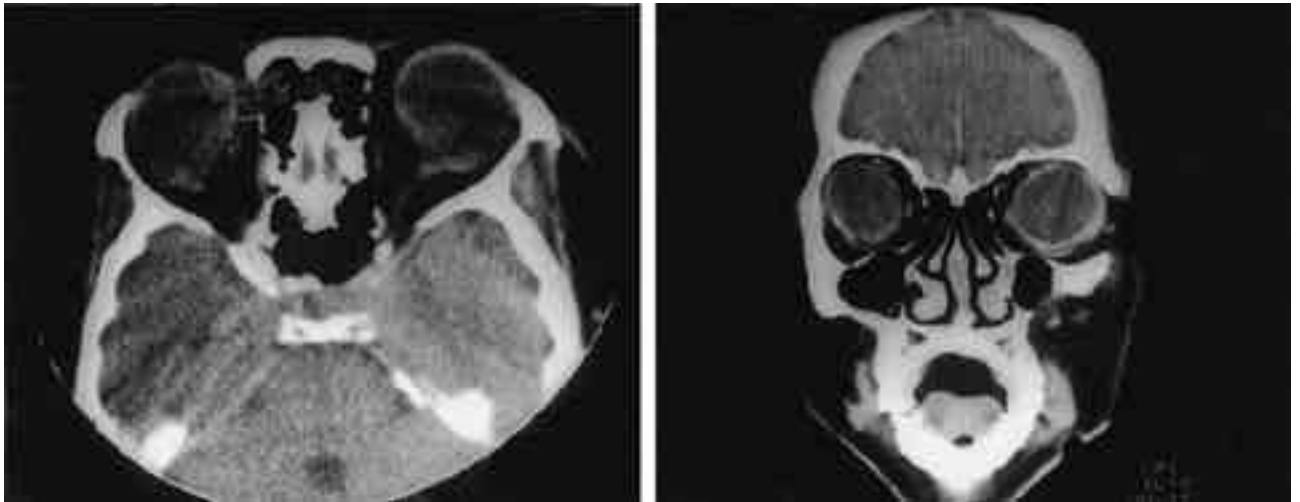


Figure 2. Computed tomography scans of the orbits demonstrating marked oval enlargement of the globes, nearly filling the orbits and normal cross-sectional appearance of extra-ocular muscle. Left: Coronal view, Right: Axial view.

(Fig. 2).

70 -3 -1, -3 7.5 mm 8.0 mm

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50 가

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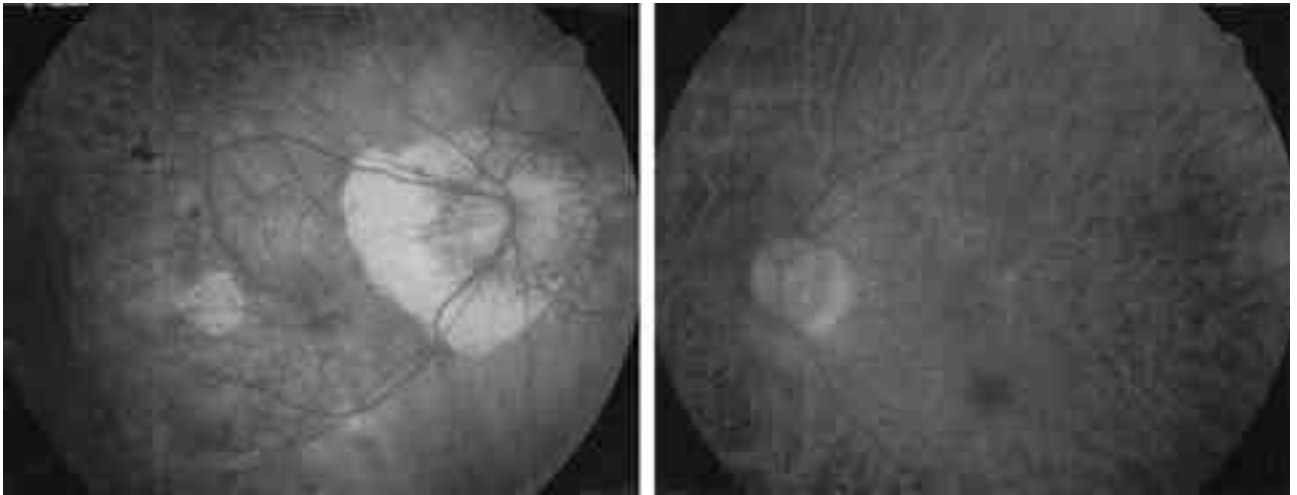


Figure 3. Fundus photographs showing myopic conus and myopic degenerative retinal changes especially in the right eye. Left: Right eye, Right: Left eye.

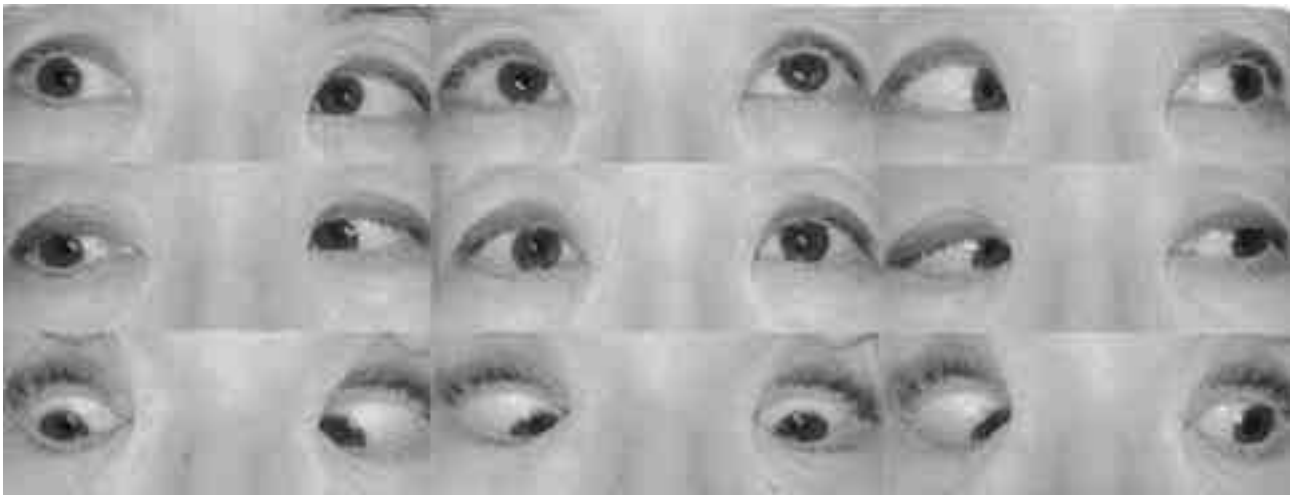


Figure 4. Diagnostic positions exhibited esotropia, hypotropia and limitation of abduction, supraduction in the right eye.

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(Fig. 3). -1 (Fig. 5). 7.5 mm
 -2 8.0 mm
 30 30 , 18
 16 30 가 5 35
 (Fig. 4).

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= ABSTRACT =

Ocular Motility Disturbance and Strabismus caused by High Myopia in Siblings

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Purpose : Acquired ocular motility disturbance or strabismus in adult can be often diagnosed as paralytic strabismus, endocrine ophthalmopathy such as thyroid ophthalmopathy or myasthenia gravis etc. We present the diagnosis and treatment of two cases of high myopia with esotropia, hypotropia and abduction deficiency in siblings.

Methods : Two middle-aged women in siblings visited our hospital for evaluation of progressive esodeviation of eyeball. Ophthalmologic evaluations were performed including manifest refraction, duction test, prism cover test, fundus examination and ocular imaging study. Endocrinologic evaluations including thyroid function test and neostigmine test were also performed.

Results : Both patients had high myopia, esotropia and severe abduction deficiency, and one of them had hypotropia. Their thyroid function tests were normal and neostigmine test was negative. Ocular imaging study showed the orbits filled with the enlarged globes and lateral rectus muscles compressed by globes. Primarily, recession of bilateral medial rectus muscles was performed in both patients. Secondarily, recession of the ipsilateral inferior rectus muscle was performed in one patient who had hypotropia, and transposition of superior rectus muscle and inferior rectus muscle to lateral rectus muscle insertion site was performed in the other patient. The results were acceptable.

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Key Words : Acquired ocular motility disturbance or strabismus, High myopia

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