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CROSSED EYES/WALLEYES (STRABISMUS)

Crossed eyes, or the opposite walleyes are both forms of **strabismus**, or misaligned eyes. Both have several possible causes and several possible outcomes. Crossed eyes are especially prevalent in childhood. For example, newborn babies may cross eyes part time as they attempt to focus on things. This occasional crossing is often not a cause for concern since the newborn is trying to learn focus and fusion skills.

While on the subject of newborns, often little newborns will have an extra fold of skin at the inner corner of the eye. This "epicanthal fold" gives the appearance of more skin on the nasal side, covering up more of the white of the eye and producing the illusion of a crossed eye. But as the fold decreases, with time, the illusion goes away. An eye doctor can identify if a crossed eye appearance suggests genuine strabismus or just the epicanthal fold illusion. If there is genuine strabismus, there can be several causes.

CAUSES

Some crossed eye (esotropia) conditions can be brought about by farsightedness (see article on "Eye Focus Conditions"). The excess muscle strain found in the farsightedness can produce a simultaneous triggering of the muscles which converge the eyes together. This "**accommodative esotropia**" sometimes can be controlled by glasses or contact lenses to relieve the strain.

Some cases of crossed or walleyes are due to a problem with the muscles which control the eyes. In some cases, orthoptics (eye exercises) can help; other times, surgery to correct muscle problems must be done. Most ophthalmologists do not do strabismus surgery; as a general rule choices in Southern Oregon are either Dr. Tina Rutar in Medford or else making the trip to Portland, such as at Casey Eye Institute at Oregon Health Science University.

WHAT HAPPENS IF STRABISMUS IS NOT TREATED?

Besides the cosmetic problem, in addition one eye can become lazy (or **amblyopic**). The amblyopic eye becomes blunted in vision-- and this loss is essentially irreversible. (Some treatment has yielded results at helping amblyopia, but success is unusual in patients over ten years old).

So, I recommend a doctor's evaluation any time crossed eyes appear at all consistently. This is especially critical in children under age ten.

If deep amblyopia sets in due to long term crossed- or wall eyes, even surgery can have a difficult time achieving a good result.