

CROSSED EYES AND OTHER EYE PROBLEMS

Parents are often the first to notice a “cross eyed” appearance to their child’s eyes. The medical term is **strabismus**, which means that while one eye is focused on an object, the other eye is turned in, out, up, or down. The crossing may be present all the time or may come and go. The most common type of strabismus is **esotropia** or inward turning of the eyes. **Exotropia**, or outward turning of the eyes, is the second most common type and is noted more when the child focuses on a distant object or when the child is tired.

Normally, the brain receives an image from each eye and processes these slightly different images of the same object together, resulting in depth perception. When the eyes are not focused on the same target, the brain cannot process the images together. In a young child, the brain will simply shut off the message from the weaker eye and accept only the image from the stronger eye. (Adults already have mature pathways to process images from both eyes and cannot shut off one image. Therefore, when adult eyes focus on two different targets, double vision results).

When a child’s brain shuts off the image from a weaker eye, vision in that eye does not develop normally, resulting in a large discrepancy in vision between the two eyes and loss of depth perception. This is called **amblyopia** or lazy eye. There is a critical stage of visual development, so finding vision differences in the first few years of life is very important. Amblyopia can result from strabismus (crossed eyes), unequal lens focusing (refractive errors), lens cloudiness (cataracts) or rarely from tumors or inflammation in the eye. The treatment of amblyopia may involve patching the stronger eye, thereby forcing the child to use and develop the weaker eye instead of “shutting it off.”

The treatment of crossed or misaligned eyes depends upon type and severity. If the cause is an imbalance of the muscles that move the eye, then correction of the muscle imbalance with surgery may be recommended. If a vision discrepancy between the two eyes plays a role, glasses or patching may be helpful. The ophthalmologist will assess your child and make recommendations. Strabismus is treated to preserve vision, to allow depth perception and to straighten the appearance of the eyes.

Very young children may have the appearance of crossed eyes, when in fact the eyes are perfectly normal. This is called **pseudostrabismus** or “false crossed eyes.” A fold of skin in the corner of the eye creates an illusion of crossing. In children with pseudostrabismus, the shiny light reflection visible to the viewer on the surface of the eye is symmetric. Pseudostrabismus is harmless, and the appearance of crossing disappears with age.

Newborn infants may cross their eyes. This is considered normal if it is occasional and disappears by a few months of age. Babies whose eyes are crossed all the time need evaluation.

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