

COMPLICATIONS FOLLOWING EQUATORIAL MYOPEXY FOR INFERIORLY POSITIONED LATERAL RECTUS MUSCLES

Purpose: To describe complications following equatorial myopexy done for inferiorly positioned lateral rectus muscles.

Method: A 9-year old girl with radiologically infra-placed (and intra-operatively infero-temporally directed) lateral recti associated with V-pattern exo- tropia underwent equatorial myopexy of the lateral rectus muscles. A 71 year old lady with sagging eye syndrome underwent equatorial myopexy of a lateral rectus as part of her esotropia surgery. In both cases, myopexies were performed with 6-0- Mersilene, by hitching the superior one-fourth of each lateral rectus to the sclera superiorly. Both the above patients underwent subsequent surgery for complications associated with the myopexy.

Results: The 9 year old girl developed a new vertical strabismus due to one of the myopexy sutures coming undone along with limited depression of the other eye where the myopexy suture was intact. The 71 year old lady developed recurrent esotropia due to scarring of the muscle anterior to the myopexy.

Conclusions: Unilateral or asymmetrical equatorial myopexy can cause unexpected vertical or horizontal strabismus. Myopexy can alter the integrity of the muscle and tendon anterior to it interfering with its action by producing an unplanned effective recession of the muscle to the point of the myopexy, an effect previously described with Faden.