

STRABISMUS - SYMPTOMS, TREATMENT

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Abstract

Strabismus (strabismus, strabismus - crooked or heterotropia, héteros - other, tropé, tropá - twist) - permanent or occasional deviation of the eye's axis from the fixation point, which causes binocular vision impairment.

Amblyopia manifests itself as an external defect - a deviation of the eyes/eyes towards the nose or temple, up or down. In addition, double vision, dizziness and headache, reduced vision, and amblyopia can be observed in a sick patient. Diagnosis of glaucoma includes ophthalmological (testing visual acuity, biomicroscopy, perimetry, ophthalmoscopy, skiascopy, refractometry, biometric examination of the eye, etc.), neurological examination. Glaucoma is treated with glasses or contact correction, hardware procedures, pleoptic, orthoptic and diploptic methods, surgical correction.

In children's ophthalmology, strabismus (heterotropia or strabismus) is observed in 1.5-3% of children, equally in girls and boys. As a rule, blindness occurs at the age of 2-3 years, when the coordination of the eyes develops; but congenital anomalies can also be observed.

Glaucoma is not only a cosmetic defect: this disease causes malfunction of almost all departments of the visual analyzer and can be accompanied by many visual disorders. Deviation of one or both eyes from the central axis in strabismus leads to the fact that the axes do not intersect at the fixed object. In this case, the monocular images seen separately by the left and right eyes in the visual centers of the cerebral cortex do not merge into one visual image, and a double image of the object appears. To protect against double vision, the central nervous system suppresses signals from the other eye over time, which leads to amblyopia - a functional decrease in vision in which the other eye is almost or completely unable to see. does not participate. If glaucoma is not treated, the development of amblyopia and reduced vision is observed in approximately 50% of children.



In addition, anger has a negative effect on the formation of the psyche, promotes the development of closedness, negativity, excitability, and limits the choice of profession and the scope of human activity.

According to the time of appearance, congenital (infantile - present at birth or developing in the first 6 months) and acquired (usually develops before the age of 3) are distinguished. Depending on the stability of the deviation of the eye, periodic and permanent complaints are distinguished.

If the involved eye is taken into account, it can be unilateral (monolateral) and alternating (alternating) - in the latter, one or the other eye alternates.

In terms of severity, hidden (heterophoria), compensated (detected only during an ophthalmological examination), subcompensated (occurs only when control is weakened) and decompensated (uncontrollable) blindness are distinguished.

Depending on the direction of deviation of the squint, there are horizontal, vertical and mixed squints.

Horizontal strabismus can be approaching (esotropia, convergent strabismus - in this case, the misaligned eye deviates towards the nose) and distant (exotropia, divergent strabismus - the misaligned eye deviates towards the temple).

There are also two forms of vertical astigmatism: upward (hypertropia, supravergent astigmatism) and downward (hypotropia, infravergent astigmatism) deviation of the eye.

In some cases, cyclotropia is a torsional heterotropy in which the vertical meridian deviates to the temple (excyclotropia) or the nose (incyclotropia).

From the point of view of the causes of occurrence, paralytic and non-paralytic convulsions are distinguished. In 70-80% of cases, the companionship is approaching, and in 15-20% it is distancing. Torsion and vertical deviations, as a rule, are observed in paralytic gyru.

In the case of Hamadost's disease, the movements of the eyeballs in different directions are preserved in full size, diplopia is not observed, and binocular vision is impaired. Hamdost gilaylik can be accommodative, partially accommodative and non-accommodative.

Due to the presence of moderate and severe hypermetropia, myopia, and astigmatism, accommodative dystonia often develops at the age of 2.5-3 years. In this case, the use of corrective glasses or contact lenses, as well as hardware treatment, will help to restore the symmetrical position of the eyes.



References:

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