1. Cyclotorsion and diplopia after head Trauma. Mohamed Jaafar MD, (USA)

A 63 y.o. gentleman presenting with complaints of cyclotorsion and diplopia, after head trauma. His stable ocular motility findings are summarized below. His remaining ocular and neurologic examination is normal.

Patient is presented for discussion regarding surgical management.

References:
2. Esotropia and hypotropia. Seyhan B. Özkan, MD (Turkey)

32 year old lady admitted to the hospital with the complaint of diplopia and squint that started 1.5 years ago. She was found to have right eso and hypotropia with no identifiable cause despite detailed neurological investigation, blood tests and imaging. She did not respond to medical treatment for Myastenia Gravis. The patient did not come to follow up visits and after 5 years her squint increased and it was as large as 50 PD eso and 25PD hypotropia in the right eye with limitation of abduction and elevation. Forced duction test was positive on abduction and elevation. The treatment plan and the results will be discussed during the presentation.

3. Severe Muscular trauma. ANDREA MOLINARI, M.D. (ECUADOR)

A 37-year-old male was working on the field and suffered a penetrating orbital injury with an unidentified object. Shortly after that, he noticed bleeding from a wound in the inferior part of his orbit and no vision on his left eye. This occurred 10 months before consultation. Shortly after the accident he was treated at a rural Hospital where he was taken into the OR. The surgical report stated that the inferior rectus was found lacerated and although the distal stump of the inferior rectus was found, the proximal part of the muscle could not be recognized. In an attempt to place the globe in a better anatomical position the distal stump was sutured to the inferior fornix.

He was examined 10 months after the accident. He presented with an unmeasurable left hypertropia only 1/3 of the cornea was visible. A conjunctival scar could be appreciated in the inferior fornix. Ocular motility exam demonstrated some depression, better on adduction than on abduction, but the eye did not reach midline. The left eye was blind, the right eye had 20/25 vision with no other anomaly.
The CAT scan demonstrated that the optic nerve was severed from the globe and was displaced and localized underneath the superior rectus. The proximal stump of the inferior rectus could be recognized inserted not far back from the original insertion of the optic nerve.

Management of this case will be presented, and the surgical result posed for discussion.
4. Exotropia and severe limitations. Gillian Adams MD (United Kingdom)

5. Presenter Galton Vasconcelos MD. (Brasil)