

Childhood Strabismus (Squint)

information for parents and guardians



What is Strabismus (squint)?

Strabismus (squints) are a group of eye conditions where the eyes are not looking in the same direction (not straight). When the eye turns inwards it is called an esotropia (convergent squint) and when it turns outwards it is called an exotropia (divergent squint). Less often, the eye may turn upwards or downwards (vertical squint).

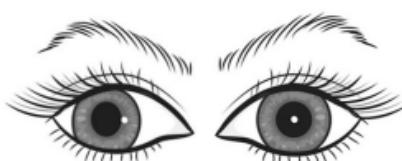
Most commonly, only one eye turns and the other one looks straight but sometimes the turn changes from one eye to the other (alternating squint). The squint may be present all the time (constant squint) or only some of the time (intermittent squint).

Squints are quite common and occur in approximately 2-3% of children.

Below are examples of horizontal squint. Squints may not always be as obvious as this.



Esotropia (convergent squint)
Right eye turning inwards



Exotropia (divergent squint)
Right eye turning outwards

What are the risk factors for developing a squint?

Refractive error (uncorrected need for glasses) – hypermetropia (long-sightedness) is the most common cause of an esotropia (convergent squint).

Family history - if a family member such as a parent or sibling have a squint there is an increased risk that their child or sibling will develop a squint.

Prematurity or low birth weight - children born before 32 weeks and/ or with low birth weight are at an increased risk of developing a squint.

Children with other conditions such as cerebral palsy are at a higher risk of developing a squint. Children diagnosed with a medical condition, may have an associated squint.

Sometimes the cause of a squint remains unknown.

How squints may affect children

Reduced vision in the affected eye – amblyopia (lazy eye).

Reduced depth perception and 3D vision.

Diplopia (double vision) - this is rare. This is when a child sees two images of the same object.

Abnormal head posture - which may involve tilting the head or turning the face to one side.

Embarrassment or low self-esteem.

Can a child grow out of a squint?

Children will NOT grow out of a true squint. It is therefore important that they are examined by an Orthoptist, to assess the squint and eyesight. Early detection will improve the chances of successful treatment.

What is the treatment for a squint?

The treatment for a squint depends on its type and cause.

This includes wearing glasses, eye exercises, and surgery or a combination of these treatments.

If your child develops amblyopia (lazy eye) along with the squint they may require patching to help improve the vision (please see amblyopia leaflet for more information).

In some cases, no treatment is required but your child will attend regular check-ups with the Orthoptist and other members of the eye care team.

Your child's Orthoptist will explain in detail the treatment options for their squint.

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