



Pseudostrabismus

What is pseudostrabismus?

Pseudostrabismus is when one or both of a child's eyes look misaligned (crossed), but really they are not. This is unlike strabismus, when the eyes are misaligned, and point in different directions. With strabismus, one eye may look forward while the other eye turns in, out, up, or down. However, with pseudostrabismus, both eyes are pointing forward.

Pseudostrabismus is common in babies from birth to about 18 months old. A child can outgrow pseudostrabismus, but not strabismus.

What causes pseudostrabismus?

Pseudostrabismus is often due to a baby's nose having a wide bridge. There are often small folds of eyelid skin on the side of the eye near the nose. These features can make a baby's eyes look crossed. As a baby grows, these features usually change and pseudostrabismus goes away.

How to tell pseudostrabismus from strabismus

A quick way to tell whether your baby has pseudostrabismus or strabismus is by looking at a flash photo of your baby. In the photo, the baby's face and eyes should be aimed directly at the camera. Look to see where the light reflects in your baby's eyes. If your child has pseudostrabismus, light will reflect at the same place in both eyes. This is often easiest to see in the center of the pupil. But if your child has strabismus, light will reflect in a different place in each eye.



Pseudostrabismus. Although the eyes appear misaligned here, the light reflection is in the same place in both eyes.



True strabismus. The light does not reflect in the same place in both eyes.





Sometimes a baby’s eyes can become misaligned for a short time. An ophthalmologist may do a complete eye exam to rule out any possible signs of strabismus. He or she will check to see if vision is equal in both eyes or if your child is very nearsighted or farsighted.

Diagnosing pseudostrabismus or strabismus usually gets easier as your child grows. This is because pseudostrabismus gets better over time, while strabismus is likely to get worse.

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Allowing good vision to develop

It is normal for parents to be concerned that their child may have crossed eyes. Truly misaligned eyes are a problem that must be evaluated and treated.

Pseudostrabismus does not need to be treated. But if your child has strabismus, he or she will need to be treated by an ophthalmologist. Straightening the eyes often allows normal vision to develop.

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Summary

Pseudostrabismus is when your child’s eyes look misaligned (crossed), but really they are not. It is common in babies, and is often due to a wide bridge of a baby’s nose. This can make the eyes appear crossed.

You can tell if the eyes are really crossed by looking at a flash photo of the child. With pseudostrabismus, light will reflect at the same place in both eyes. If the eyes are truly crossed, light will reflect in a different place in each eye.

Pseudostrabismus does not affect vision, and goes away as the child grows. However, real crossed eyes, called strabismus, are a problem. If not treated, the child will not develop normal vision.

If you have any questions about your child’s eyes or vision, speak with your ophthalmologist. He or she is committed to protecting your child’s sight.

Get more information about pseudostrabismus from EyeSmart—provided by the American Academy of Ophthalmology—at aao.org/pseudostrabismus-link.

COMPLIMENTS OF:



Summary

Pseudotumor cerebri (PTC) is when pressure in your head rises, causing vision problems and headaches. This high pressure comes from cerebrospinal fluid (CSF) that does not flow out of the brain as it should. The pressure affects the eye's optic disc and nerve, eventually causing vision loss.

PTC is more common in young, overweight women, and hormones are the suspected cause. Sometimes children and adults who are not overweight have PTC. Antibiotics, steroids or high doses of vitamin A can also cause PTC.

Treatment may not be needed if symptoms are not severe. But if they are, medicine or surgery may be recommended to help lower pressure in the head.

Get more information about eye health from EyeSmart—provided by the American Academy of Ophthalmology—at aao.org/eyesmart.

COMPLIMENTS OF:

