Exotropia

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Exodeviations are less common than esodeviations by a ratio of 1:3 in the United States and overall account for approximately 25% of the cases of strabismus in young children. These statistics vary in different parts of the world, with exodeviations appearing at higher frequencies in Asia and in locations proximate to the equator. Exotropia generally appears in the first few years of life and is slightly more common in girls. Some 60% to 70% of normal newborn infants have a transient exodeviation that resolves by 4 to 6 months of age.

Exotropia can be categorized as divergence excess (greater deviation at distance than at near fixation), convergence insufficiency (greater deviation at near than at distance fixation), or basic exotropia (deviation same at distance and at near fixation). In some patients with exotropia who have strong functional convergence and variability in the angle of deviation measured on the prolonged alternate cover test, a patch test may be indicated. The patch test consists of placing an occlusive patch over one eye for approximately 30 minutes and then measuring the deviation without permitting the patient to begin binocular fusion. The patch test eliminates functional convergence, allowing the full deviation to be measured. The exodeviations can also be categorized as exophoria, intermittent exotropia, or constant exotropia. Exophoria is a tendency for the visual axes to diverge, which is held in check by fusion. Exotropia can present initially as an intermittent deviation and can later progress to a more constant deviation. Children with intermittent exotropia