During the period of observation between October 2017 to October 2018 a total of 57 cases were reported giving an incidence of EIE of 1 in 12,828 live births with a corrected incidence of 1 in 9027 live births allowing for estimated under reporting. The mean age of diagnosis and intervention were 7.05± 2.6 months (range 2 to 12 months) and 14.7± 4.9 (range 6.5-28.1 months) respectively. The majority were Caucasians 86.5% and 52.7% were female. Management was surgical in 59.6%, and botulinum toxin alone in 22.8%, 17.5% were observed. There was no significant difference in the age of presentation (P=0.6), gender (P=0.8), prematurity (P=0.5), deprivation indices (P=0.68), refraction (P=0.7), OEIA (P=0.6), DVD (P=0.7) or follow up (P=0.3) between the three groups. The preoperative angle of esotropia was smaller in the observation group (P=0.04). The post-operative angle of esotropia was not statistically significant between botulinum toxin or surgery (P=0.3) though the age of intervention was earlier in the botulinum group (P=0.007). Early intervention did not influence the motor post intervention outcomes between 0-10 prism dioptres of esotropia (P=0.78). Amblyopia (P=0.02) and latent nystagmus (P=0.009) was more common in the observation group.

The incidence of EIE in the UK is considerably lower than reported in other population-based studies. The preferred method of treatment was surgical with earlier intervention in those treated with botulinum toxin. An early age of intervention did not influence motor outcomes. Parental choice and amblyopia treatment were reasons cited for conservative management in the observational group.

One month following this self-mediated treatment, our patient attended his scheduled outpatient review, to our surprise without diplopia and without spectacle correction. His unaided visual acuity was 0.04 in both eyes and he controlled a 20 PD esophoria for both near and distance fixation. Strabismus surgery was therefore postponed and active monitoring has resumed. At two months, Mum reports he remains asymptomatic.

This is the first case described where individualised homeopathic treatment has demonstrated an apparent resolution of a fully accommodative esotropia. The longevity is yet to be determined but as homeopathy becomes ever more popular, Paediatric Ophthalmologists may require some basic awareness of such fascinating cases.

A 6 year old boy was expected to undergo strabismus surgery for a symptomatic decompensating fully accommodative esotropia. He reported increasingly troublesome double vision.

With low hypermetropic correction, his visual acuity was 0.02 right eye and 0.04 left eye, his stereoaucutty 85 seconds of arc, he had an 18 PD near esophoria and 8PD distance esophoria. Uncorrected, his visual acuity was 0.12 in both eyes with a 30 PD right esotropia at near and 20 PD at distance.

Whilst considering squint surgery, his mother, who is studying homeopathy, initiated treatment with an individualised homeopathic remedy of 30c nitric acid administered once a day on a sugar-coated dissolvable tablet. He completed an initial one-week course with success, although the effect was short lived with diplopia returning after one week. He proceeded with an additional two-week course which allegedly improved his symptoms and ocular alignment.

Heavy eye syndrome or convergent strabismus fixus is an acquired strabismus typically seen in eyes with high myopia. We present a case, discuss the aetiology and management, and include a short video illustrating the surgical procedure undertaken.

A 47-year-old highly myopic woman with h/o bilateral cataract surgery and B/L scleral buckling for retinal detachments, had left esotropia and hypotropia measuring more than 40 prism dioptres base-out and 12 prism dioptres base up. MRI orbits showed bilateral asymmetrical medial deviation of ocular bulbs, more on left side. Also, there was degeneration of lateral rectus-superior rectus band with displacement of lateral rectus downwards.

She underwent Botox to bi-medial recti after which she could demonstrate potential for binocular single vision. A left un-augmented loop Myopexy procedure and recession of the left medial rectus was thereafter performed under general anaesthesia. After surgery, her eyes were binocularly aligned for near with minimal esotropia for distance.

This case suggests that patients with significant esotropia combined with high myopia should be suspected to have heavy eye syndrome. Orbital imaging should be undertaken to demonstrate the anatomical abnormality and muscle paths to confirm a definite diagnosis. Modified Loop Myopexy was found to be effective in this case of heavy eye syndrome.

The mucopolysaccharidoses are a group of inherited metabolic disorders resulting in abnormal degradation of glycosaminoglycans within lysosomes. Ophthalmic manifestations resulting in visual loss include corneal clouding, optic neuropathy and raised intraocular pressure, and retinopathy which occurs in...