Medical records of 29 AACE cases (males=20, females=9) between January 2017 and August 2020 were reviewed. Mean age of presentation was 9 years (range 5-15 years). Preoperative deviation angles were 38.1 ± 13.6 prism dioptres (PD) (range= 14-70 PD). While 19 patients reported diplopia (65.5%), 3 had no diplopia and 4 patients had no mention of it in their records. Neuroimaging was requested for 18 patients (62%) and they were all normal. Eighteen cases underwent bilateral medial rectus recession, while unilateral medial rectus recession and lateral rectus resection were performed for 11 cases. Mean follow-up was 8.4 ± 13 months. Mean postoperative angles were 4±4.8 PD (range 0-18 PD). Twenty-four patients (88.8%) had postoperative angles within 10 PD. Diplopia was resolved in 17 patients (89.6%). Postoperative results allowed us to retrospectively reclassify 12 cases (41.3%) as decompensated microtropia (Type IV AACE).

Our surgical and functional results were comparable to outcomes in the literature. Though none of our patients had an intracranial pathology, it should be considered in all AACE cases.

220 TO TORT OR NOT TO TORT: CAN SUPERIOR OBLIQUE MYOKYMIA PRESENT WITHOUT TORSION?

Jian Chew, Sara Lewis, Aabgina Shafi. *Mid Yorkshire Teaching NHS Trust, Wakefield, UK*

10.1136/bmjophth-2024-BIPOSA.17

67-year-old man, referred by optician with a 6 month history of intermittent vertical diplopia. History of acromegaly secondary to a pituitary tumour for which he had had surgery and radiotherapy in the past. He described episodes of binocular vertical diplopia, lasting up to a minute and occurring multiple times a day. Recent MRI from Neurosurgery did not reveal a clue to his symptoms.

On examination, at most clinic visits he was orthotropic. A few times, we were able to witness and video what looked like a spasming superior oblique in the left eye with a +2 superior oblique overaction and a corresponding -2 Inferior oblique underaction in that eye, giving him symptomatic vertical, but not torsional diplopia. These episodes remained intermittent and frequent and prism trails did not alleviate his symptoms. At no point did he report diagonal or torsional diplopia, nor could we detect objective torsion. A diagnosis of superior oblique myokymia was made, the previous h/o cranial radiotherapy a likely aetiology.

We trialled an increasing course of carbamazepine and the patient's episodes started to improve and then resolved completely.

Superior oblique myokymia is a type of ocular neuromyotonia. The novelty of our case is that there was no torsional element to his symptoms subjectively or objectively. Carbamazepine, a membrane stabiliser, predictably worked really well on him and currently he is on the minimum effective dose to control his vision. The authors will illustrate this condition with videos and provide an update on this condition.

Posters

101 LOCKDOWN-OPIA: A CASE SERIES OF ACUTE ACQUIRED CONCOMITANT ESOTROPIA (AACE) DURING THE COVID-19 PANDEMIC

Aqsa Ali, Jian Chew, Aabgina Shafi. *Mid Yorkshire Teaching NHS Trust, Wakefield, UK*

10.1136/bmjophth-2024-BIPOSA.18

Acute Acquired Concomitant Esotropia (AACE) is characterized by a sudden onset concomitant esotropia. It may be caused by near work, exacerbated during the COVID-19 pandemic. Our study aims to compare the incidence of AACE cases before and during the pandemic and investigate the characteristics and outcomes of surgical management for paediatric AACE.

We retrospectively identified patients through electronic clinical records at Mid Yorkshire Teaching Trust, with a recorded diagnosis of AACE. We examined the incidence over a 3-year period (2017-2019), comparing it to the period during the pandemic (2020-2022). Additionally, we analysed the characteristics and outcomes of patients diagnosed since 2020.

Between 2017-2019, only 2 cases were identified, whereas 9 cases were diagnosed between 2020-2022, majority of those in 2020 (7 cases). None of the patients who underwent neuroimaging had positive findings. Prism cover tests revealed near and distance deviations averaging 32 prism dioptres (PD). Of the diagnosed patients, 67% had strabismus surgery. Postoperatively, 83% of surgical patients achieved near and distance deviations within 10 PD of orthophoria.

An increase in cases during the pandemic was observed compared to the corresponding period prior. Surgical intervention demonstrated successful outcomes in most cases. Limitations include lack of long-term follow-up data after patient discharge. However, none of the surgically treated patients were re-referred for recurrence.

Surgical management provides good outcomes in AACE, further research is necessary to evaluate causal factors, particularly near screen work as an independent risk factor.

103 DO ALL PAEDIATRIC ORTHOPTIC PATIENTS REQUIRE HOSPITAL REFRACTIONS?

Lucy Ball, Laura Jarwick, Kate Taylor. *Newcastle Eye Centre, Royal Victoria Infirmary, Newcastle upon Tyne, UK*

10.1136/bmjophth-2024-BIPOSA.19

A review to investigate whether some paediatric orthoptic patients can be appropriately refracted at community opticians, which would therefore reduce demand on the Hospital Eye Service (HES), reduce appointment wait times and improve overall patient experience.

A retrospective database review was done to investigate the number of patients under HES care suitable for refraction by optometrists in the community. Two separate time periods were analysed to look at the number of orthoptic patients