
EDITORIAL

Superior oblique palsy: Promoting a simpler approach

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International scholars have addressed various issues related to superior oblique palsy (SOP) many times in recent years owing to its epidemiologic relevance (1-3). Recently, it has been recognized as a leading cause of anomalous head posture in the pediatric age group (4).

In this issue, two studies analyze the results of inferior oblique (IO) weakening procedures in the treatment of SOP. Hatz et al included patients with either congenital or acquired palsy treated with either recession or anteriorization of the IO, with or without contralateral IR recession. Mataftsi et al used a graded inferior oblique recession according to Fink (5) to correct both the vertical and torsional component of congenital forms of SOP.

The first study evaluated only the vertical deviation as a parameter. The second also considered the amount of torsional deviation, claiming that its modification by surgery should not be considered as secondary; nevertheless the authors did not change the surgical approach according to changes in torsion.

The conclusion of both studies is that either type of surgery on the IO is effective and safe in the treatment of SOP of mild to moderate severity.

In past years, strabismus has undergone an epochal change led by American strabismologists. They simplified most approaches and lessened the importance of redundant evaluation in patients with strabismus. Patient satisfaction was the goal, promoting safe and reliable techniques, disregarding tiring, esoteric, and obscure sensorimotor evaluations.

Nowadays patient satisfaction is pursued using the simplest technique that will lead to better results, while in the past the scientific community sometimes seemed to be more interested in following and proving personal and beloved theories.

An example comes from the present studies, which are disarming for their naivety: both disregarded evaluation of the laxity of the SO tendon, both disregarded IO overaction grading, and both ignore superior oblique tuck as first procedure, as previously stated by Deller and subscribed to by other internationally famous European strabismologists in the late 1970s (6, 7).

Nevertheless, both studies offer similar insights into the treatment of SOP, promoting a simpler approach to achieve a satisfactory, reproducible, and predictable result.

Both are sound retrospective noncomparative studies that confirm the idea that strabismus surgery can produce excellent results even if using extremely different procedures and theoretically discordant starting points.

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