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Superior Oblique Silicone Expander for Brown's Syndrome and Superior Oblique Overaction

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This paper presents a new technique for weakening the superior oblique muscle by lengthening the superior oblique tendon by inserting a segment of medical grade silicone 240 retinal band between the cut ends of the tendon. 16 patients (28 eyes) were operated, 14 for superior oblique overaction, and 2 for severe Brown's syndrome.

Preoperatively, patients with superior oblique overaction demonstrated "A" patterns between 20 and 55 PD, and versions of at least +2 to +4 superior oblique overaction in one eye. Postoperative exam at 3 to 18 months documented improvement of "A" pattern and overaction in each case, and 13 of 14 patients had postoperative patterns of 10 PD or less. Of the patients with Brown's syndrome, one showed excellent result and one essentially non change, even after a superior oblique tenectomy. We conclude that the silicone expander technique is useful in patients with superior oblique overaction and Brown's syndrome secondary to tight superior oblique tendon.