

All About Strabismus

by [Dr. Jeffrey Cooper](#) & [Rachel Cooper](#) (no relation). © 2001-2005

What is Amblyopia (lazy eye)?

Amblyopia, commonly known as lazy eye, is the eye condition noted by reduced vision **not correctable by glasses or contact lenses** and is not due to any eye disease. The brain, for some reason, does not fully acknowledge the images seen by the amblyopic eye. This almost always affects only one eye but may manifest with reduction of vision in both eyes. It is estimated that three percent of children under six have some form of amblyopia.

Lazy Eye and Strabismus are not the same condition.

Many people make the mistake of saying that a person who has strabismus has a "lazy eye," but amblyopia (lazy eye) and [strabismus](#) are not the same condition. Some of the confusion may be due to the fact that strabismus can cause amblyopia. Amblyopia can result from a **constant** unilateral strabismus (i.e., either the right or left eye turns all of the time). *Alternating or intermittent strabismus (an eye turn which occurs only some of the time) rarely causes amblyopia.*

While a deviating eye (strabismus) may be easily spotted by the layman, amblyopia without strabismus or associated with a small deviation usually can be not noticed by either you or your pediatrician. Only an eye doctor comfortable in examining young children and infants can detect this type of amblyopia.

Due to misunderstanding or misuse of the terms for different visual conditions (i.e., strabismus vs. lazy eye), many people are inaccurately labelled as having a "lazy eye." If you think you or someone you know has lazy eye, it is recommended that you learn more about different types of strabismus, such as [exotropia](#) or [convergence insufficiency](#) or [esotropia](#). Learn about the [treatments](#) for these conditions.

Causes of amblyopia

Both eyes must receive clear images during the critical period. Anything that interferes with clear vision in either eye during the critical period (birth to 6 years of age) will result in amblyopia (a reduction in vision not corrected by glasses or elimination of an eye turn). The most common causes of amblyopia are constant strabismus (constant turn of one eye), anisometropia (different prescriptions in each eye), and/or blockage of an eye due to trauma, lid droop, etc. If one eye sees clearly and the other sees a blur, the good eye will inhibit (block, suppress, ignore) the eye with a blur. Thus, amblyopia is a neurologically active process. This inhibition results in a permanent decrease in the vision in that eye that is not corrected just with glasses.

Diagnosis of Amblyopia

Since amblyopia usually occurs in one eye only, many children may be unaware of the condition. As far too many parents fail to take their infants and toddlers in for an early comprehensive vision examination, many children go undiagnosed until they have their eyes examined at the eye doctor's office at a later age.



Dr. Jeffrey Cooper
FAAO, FCOVD, our expert on strabismus, answers your questions in a [highly informative article](#). Check out the fun bits on the evolution of human vision.

The most important diagnostic tools are the special visual acuity tests other than the standard letter charts used by the eye doctor. Examination with cycloplegic drops can be necessary to detect this condition in the young.

Treatment of Amblyopia

If not detected and treated early in life, amblyopia can cause a permanent loss of vision with associated loss of stereopsis (two eyed depth perception). Detection and correction before the age of two offers the best chance for restoration of normal vision. However, treatment can improve this condition even in adulthood.

Amblyopia can be treated fairly successfully between the ages of 2 and 6, but the success decreases with age. The best results from treatment occurs between ages 6 mos. to 2 years. Treatment is usually simple, employing glasses, drops, exercises and/or patching. Though true amblyopia can not be cured (after the age of 6) treatment for the older child is usually successful in improving vision and should be attempted. Treatment of amblyopia after the age of 6 is not dependent upon age but requires more effort including [vision therapy](#). Every amblyopic patient deserves an attempt at treatment ([see critical period section](#)).

Strabismus is very responsive to [treatments](#). Therefore, as explained earlier, it is important to make careful distinction between true amblyopia and strabismus.

It should be remembered, that amblyopia causes more visual loss in the under 40 group than all the injuries, and diseases combined in this age group.

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