Abstract

Congenital Nystagmus of two types: Motor and sensory

Nystagmus surgery aims to reduce the amplitude of nystagmus with either improvement of visual acuity or reduction of bothersome head posture

This study included thirty patients with congenital Nystagmus with or without strabismus. Patients were divided into two groups:

The first group: included fifteen patients with congenital nystagmus that blocks in a certain direction with or without abnormal head posture.

The second group: included fifteen patients with congenital nystagmus that doesn't disappear or decrease at any point and patients with null point in the primary position.

Patients in the first group underwent the displacement intervention where the principle underlying surgical treatment was either to use a conjugate displacement of the eyes in the direction of the head turn and shift the eyes and the privileged areas from lateral to primary position or to use a non conjugate displacement to induce artificial divergence.

Patients in the second group underwent tenotomy of the recti muscles and reattachment in their original insertions.

We recommend the displacement surgeries (e.g. Kestanbaum procedure) for the treatment of first group patients as it is an effective procedure for correction of abnormal head posture, improving the visual acuity in the primary position and damping of nystagmus.
We found that simple anterior tenotomy of the horizontal recti is not an effective procedure in improving the visual acuity in the primary position and damping of nystagmus for second group patients.

**Key words:** Nystagmus – Abnormal head posture – tenotomy – Immobilization surgery- displacement surgery.