

**EVALUATION OF A MODIFIED HANG-BACK  
RECESSION TECHNIQUE OF THE INFERIOR OBLIQUE  
MUSCLE IN V-PATTERN STRABISMUS WITH INFERIOR  
OBLIQUE OVERACTION**

Thesis

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## **Abstract**

Vertical incomitance is often associated with horizontal deviations that when misdiagnosed, may result in failure of the surgical treatment. It manifests clinically as a change in the horizontal alignment of eyes from primary position to upgaze and downgaze resulting in pattern deviation i.e V pattern, A pattern, Y pattern or X pattern (*Minguini N et al, 2004*).

Since first being described more than five decades ago, V pattern strabismus with inferior oblique overaction (IOOA) has been a subject of considerable research (*Apt L and Branson Call N, 1978*).

Various surgical techniques have been proposed to correct overaction of the inferior oblique muscles (*Minguini N et al, 2004*).

Hangback muscle recessions and their various modifications are now extensively used for both adjustable and non-adjustable recession of extraocular muscles however its effectiveness has mostly been studied with rectus muscles (*Dadeya S et al, 2002*).

The efficacy of hang-back recession of the inferior oblique muscle in patients with V pattern strabismus accompanied by inferior oblique overaction (IOOA) have been studied in order to avoid difficulties in

identification of anatomical landmarks for scleral suturing and the high incidence of scleral perforation (*Kumar et al, 2008*).