

especially important if a simultaneous medial rectus recession is performed. If forced duction testing is negative, only vertical rectus transpositions may be required.

## *Cyclic Esotropia*

This peculiar and rare form of strabismus is characterized by alternating periods of esotropia and orthophoria as indicated in Case 6. The periodic cycles may occur over 1 or 2 days or more. On the days of orthophoria, there is no latent esodeviation. Curiously, surgical correction for the full convergent strabismic angle present on esotropic days will afford postoperative orthophoria on all days.

## *Brown Syndrome*

Patients with Brown syndrome have a restriction of the SO tendon at its trochlear cartilage. This is typically congenital and generally resolves spontaneously and completely within the second decade of life. There are less common acquired forms that follow trauma or are secondary to inflammatory disease.

As illustrated in Case 9, the hallmark clinical presentation is an elevation deficit in adduction. The diminishing vertical duction deficit as the eye moves from adduction to abduction helps differentiate Brown syndrome from double elevator palsy or CFEOM. Although not large, there is often some overdepression in adduction (superior oblique overaction). An exotropia in upgaze is also common. Although positive intraoperative forced duction testing confirms the diagnosis of Brown syndrome, there are clinical observations that can help differentiate this syndrome from an isolated ipsilateral IO palsy. An IO palsy will have the characteristic pattern with the Parks-Bielschowsky 3-step test. For example, a left IO palsy will present with a right hypertropia worse in right gaze and right tilt. Patients with IO palsy will often present with ipsilateral compensatory head tilt, while those with Brown syndrome will frequently assume a chin-up or a contralateral face turn head posture. Unlike patients with Brown syndrome, those with IO palsy will have no exotropia in upgaze. Rather, an A pattern deviation may be present. The observation of fundus intorsion is not helpful in differentiating Brown syndrome and IO palsy because it may be present in either disorder.

The indications for surgical intervention in a child with congenital Brown syndrome include the presence of strabismus in primary gaze with or without an anomalous compensatory chin-up or face-turn head posture. Given the relatively higher reoperation rate and the transient nature of