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Superior oblique posterior tenectomy in congenital brown’s syndrome

First described 60 years ago, congenital Brown’s Syndrome (a disorder of ocular motility manifesting most notably a restriction of active and passive elevation in adduction) is even up to now under debate regarding its etiopathogenesis and surgical methods.

This paper reviews the various etiologic theories, from anomalies of the superior oblique tendon and/or the trochlear apparatus to recent hypothesis that congenital Brown’s syndrome might represent a congenital cranial dysinnervation syndrome, caused by a fourth nerve hypoplasia or aplasia with consecutive paradoxical innervation of the superior oblique muscle.

Most used surgical treatments for Brown’s syndrome are described and evaluated, with accent on superior oblique posterior tenectomy, a surgical approach used also in Infosan Clinic.

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