

Complete Information on Duane retraction syndrome with Treatment and Prevention

Duane retraction syndrome, too called duane syndrome, is a group of heart muscle disorders. Duane retraction syndrome is the almost popular reason of inborn abnormal ocular innervation. In duane syndrome, the sixth cranial heart that controls the lateral rectus muscle does not produce decently. The problem is not primarily with the eye muscle itself, but with the nerve that transmits the electrical impulses to the muscle. There is also irregular innervation of a branch from the third cranial nerve, which controls the medial rectus muscle. This is why abnormalities may be found in both left gaze and right gaze. The problem with the cranial nerve is usually an isolated condition and the child is otherwise completely normal. Individuals who are affected with duane retraction syndrome may have a squint when they look straight ahead. It is possible to have good vision in each eye with stereo vision.

Duane syndrome affects girls more frequently than boys. In addition, the left heart is more possible than the correct heart to be affected. The cause for this is not known. Duane retraction syndrome is characterized by adduction inadequacy, abduction limitation, world retraction, and palpebral crevice narrowing on attempted adduction. People with duane syndrome have difficulty rotating one or both eyes outward or inward. Duane syndrome patients have both eyes affected. No particular race or ethnic group is more likely to be affected. Duane retraction syndrome is present from birth, even if it is not recognized during infancy. However, some patients with Duane syndrome have other problems, such as hearing impairment, goldenhar syndrome, spinal and vertebral abnormalities. There is also an increased frequency of Duane syndrome in patients with thalidomide exposure.

Treatment of the condition is aimed at achieving straight eyes when an individual looks straight ahead. For the majority of patients, duane syndrome does not require surgical treatment. The goal of treatment is to restore satisfactory eye alignment in the straight-ahead position, eliminate an abnormal head posture and to prevent amblyopia. Surgery for duane syndrome is indicated to eliminate a significant upshoot or downshoot and to reduce strabismus. In most cases, eye muscle surgery is required. Because the function of the affected nerve and muscle cannot be restored, the other eye muscles are adjusted to compensate and allow for better eye alignment. Surgery cannot fix the problem of nerves that go the wrong way and wire up the eye muscles incorrectly. By moving the eye muscles surgery can compensate for the miswiring.

About the Author

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