



BACKGROUND

- High myopia may cause large-angle acquired esotropia due to superotemporal globe prolapse
- This results in inferior and nasal displacement of the lateral rectus, producing severe diplopia and loss of binocular vision
- Conventional recess–resect strabismus surgery is often unsuccessful as it does not correct anatomical displacement
- Yokoyama loop myopexy restores the physiological muscle paths by uniting the superior rectus (SR) & lateral rectus (LR)



AIM

To report early UK experience of Yokoyama loop myopexy combined with medial rectus recession in a patient with high myopic strabismus



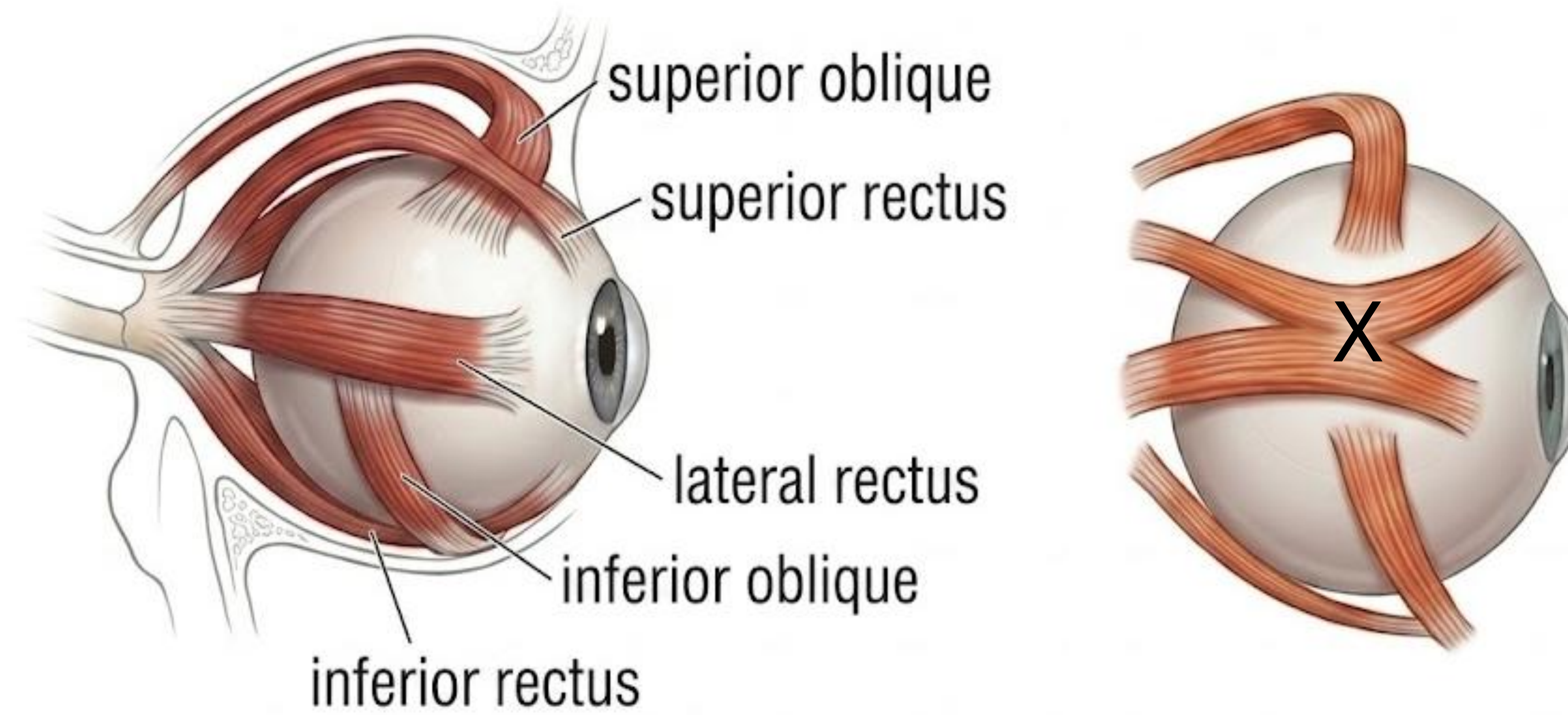
CASE PRESENTATION

-  80-year-old male
-  Ocular history: High myope, pigmentary glaucoma, vitreomacular traction, macular retinoschisis
-  Symptoms: Persistent horizontal diplopia and large-angle esotropia
-  Measurements: Up to 45Δ esotropia (base out) uncorrected
-  Decision: listed for surgery after informed consent



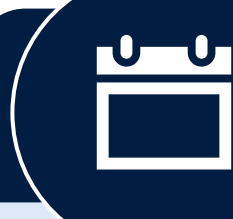
SURGICAL TECHNIQUE

Under general anaesthesia, a right medial rectus recession (4mm, non-fixed hang-back with an adjustable suture) was performed alongside a bilateral Yokoyama loop myopexy



TECHNICAL CONSIDERATIONS

- Accessing the 15mm point along the superior rectus can be challenging
- Adequate exposure and careful muscle handling are essential
- Bilateral application is important to minimise postoperative hypertropia induced by unilateral surgery



POSTOPERATIVE COURSE

Early

Consecutive exotropia with mild right hypertropia
Managed conservatively with Fresnel prisms

At 6 Weeks

Stable well-controlled exophoria with good fusional range
Diplopia resolved for distance
Prism dependence eliminated for most tasks

Long-term follow-up

Stable alignment without reoperation
Visual acuity limited by macular pathology, but functional alignment achieved



KEY LEARNING POINTS

- ✓ Treat anatomical displacement, not just deviation
- ✓ Combine myopexy with MR recession
- ✓ Expect early overcorrection
- ✓ Consider bilateral surgery to avoid hypertropia



CONCLUSION

Yokoyama loop myopexy effectively corrected severe esotropia in high myopia by addressing the underlying mechanical displacement of the lateral rectus. When combined with medial rectus recession, this approach provided stable alignment and symptomatic relief, even in the presence of complex ocular comorbidities

