

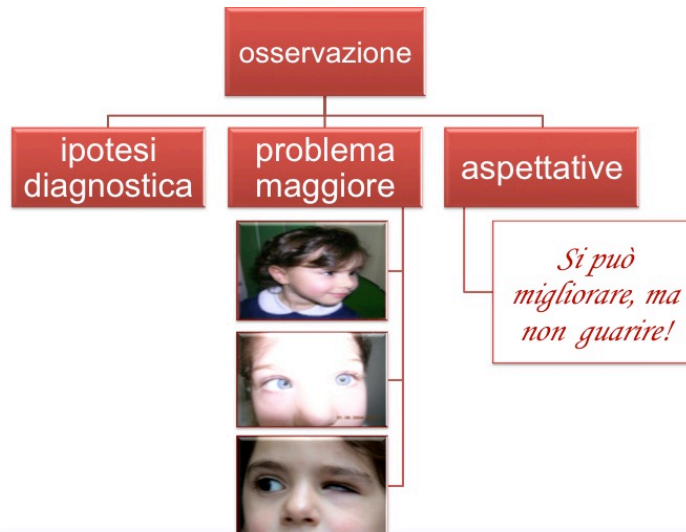
Sindromi Restrittive Classiche

Valutazione pre e postoperatoria

d.bruzzichessi



d.bruzzichessi



d.bruzzichessi



d.bruzzichessi



Valutazione della PAC

qualità



quantità



occhio dominante

UMG

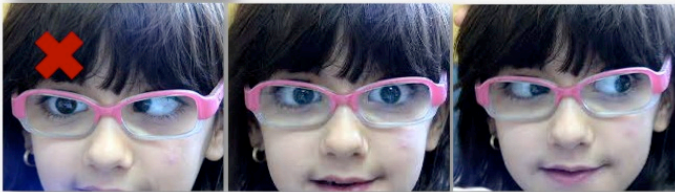
d.bruzzicheski

Perchè la PAC?

1. Fusione



Viso ruotato vs lato affetto

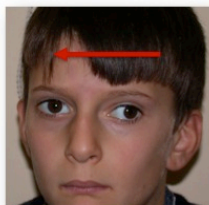


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Perchè la PAC?

1. Fusione



Viso ruotato vs lato sano



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Perchè la PAC?

1. Fusione



Chin up



Perchè la PAC?

1. Fusione



Chin down



Perchè la PAC?

2. Compensare lo squilibrio meccanico

Occhio lesa fissante



Viso ruotato vs lato sano



Perchè la PAC?

3. Aumentare la distanza tra le 2 immagini

per facilitare la soppressione
o ignorare la seconda immagine



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Strabismo in Posizione Primaria



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L'INCOMITANZA si realizza in rapporto a:

1. occhio fissante

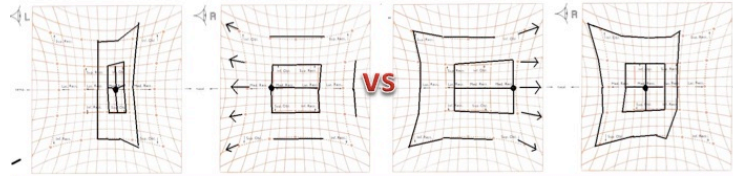
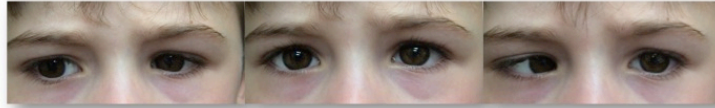
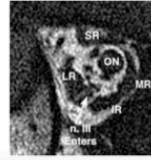


2. direzione di sguardo



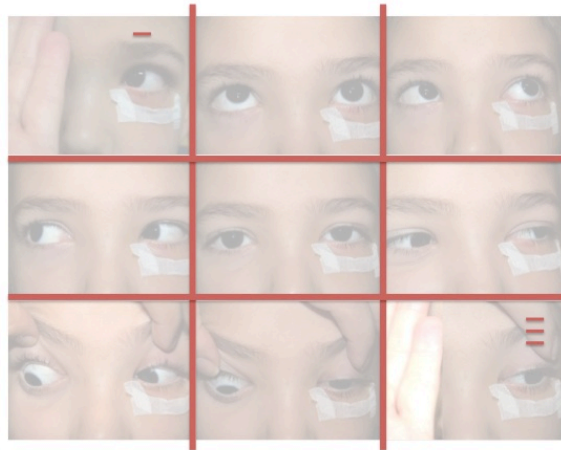
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ATTENZIONE la legge di Hering....



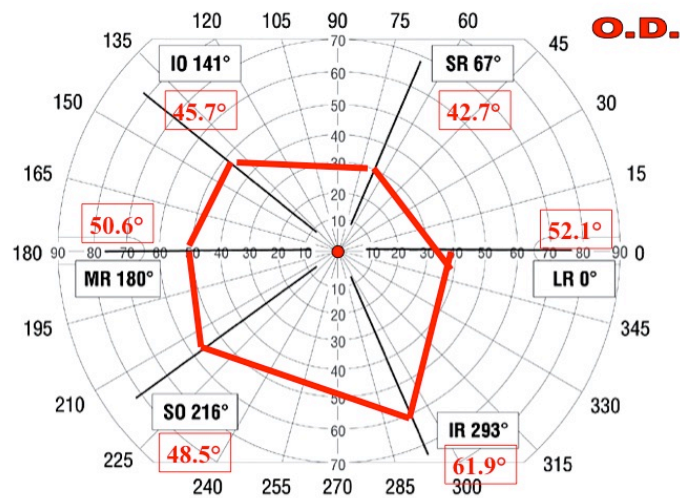
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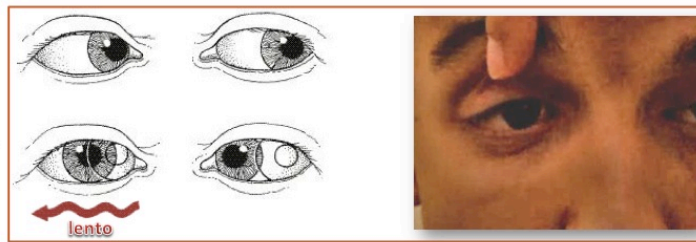
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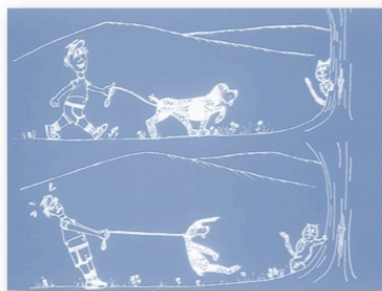
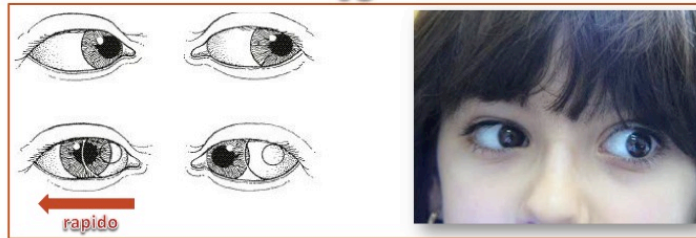


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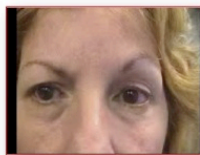
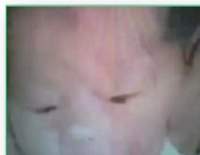
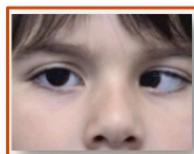
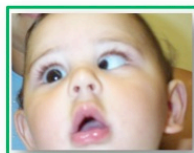
VS



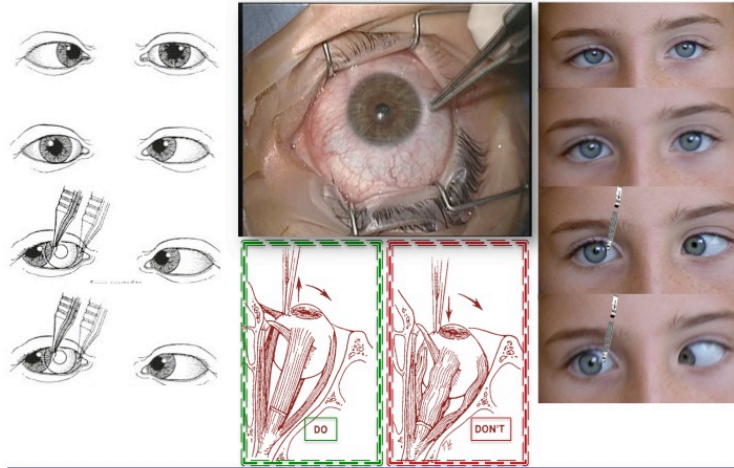
"dog on a leash"



Deficit abduzione: ddx



Test della duzioni passive



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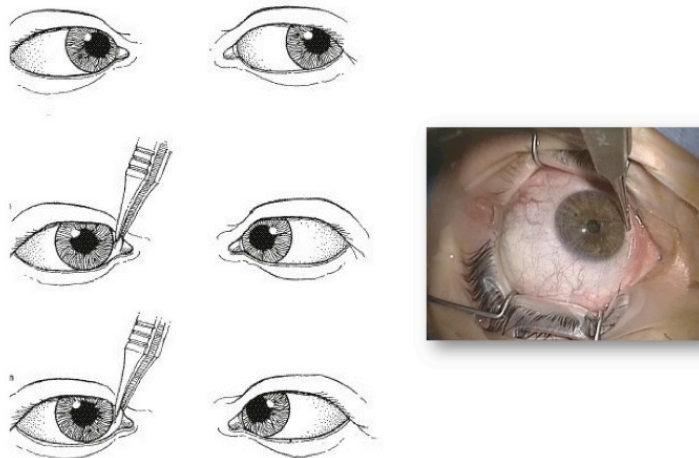
Deficit abduzione: ddx



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d.bruzzichessi

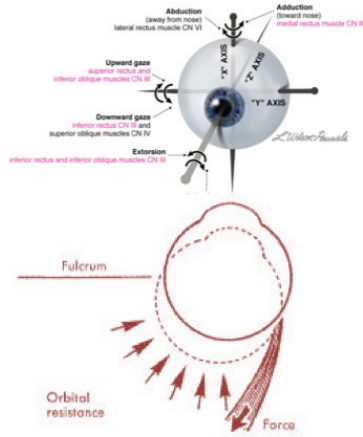
Test della forza generata



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I.O.P.



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Deficit elevazione: ddx

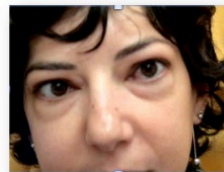
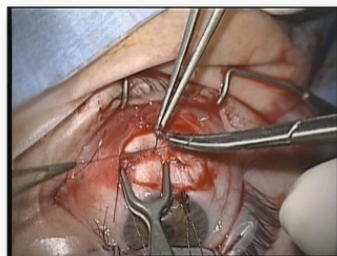
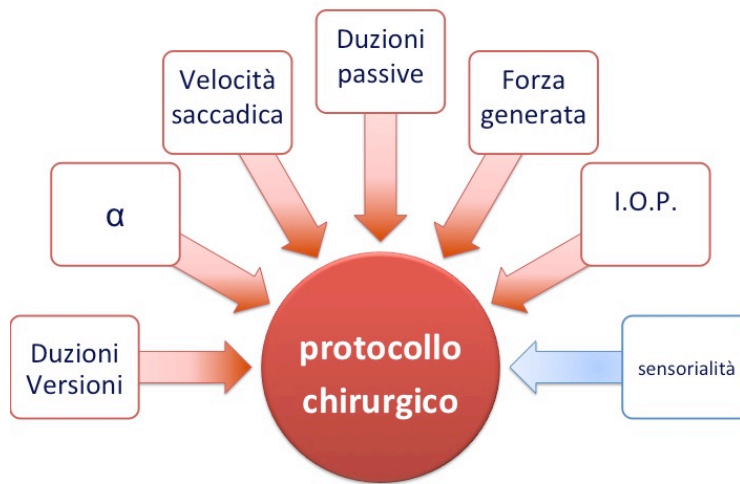


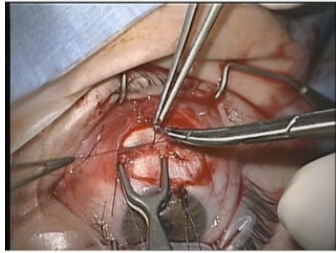
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DDx	Limitazione elevazione in abduzione	Deviazione verticale	Forma bilaterale	Pattern alfabetico
Brown	lieve/moderata	assente o < 10PD	5-10%	
	marcata	marcata o > 10PD	rara	

La sensorialità

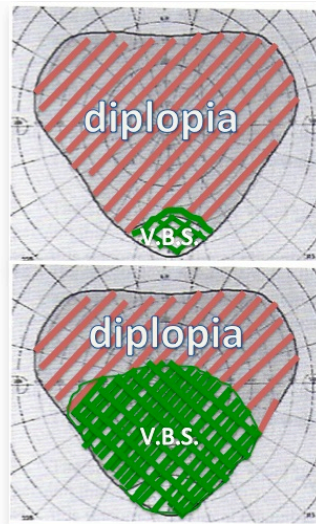
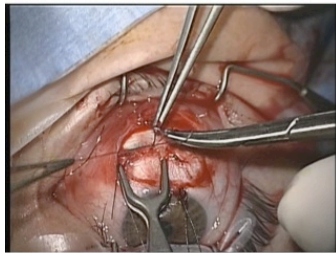




pre



post



**Consenso "adeguatamente"
informato... grazie!**