

## Duane's Syndrome

### What is Duane's syndrome? (also known as Duane's Retraction syndrome)

This is a congenital (meaning present from birth) eye movement condition which can affect one or both eyes. The left eye is most commonly affected and females are more commonly affected than males.

#### You will notice:

- Restricted movement of one (unilateral Duane's syndrome) or both eyes (bilateral Duane's syndrome) usually when looking from side to side (horizontal eye movements).
- Changes to the eyelids when looking from side to side: the affected eye lids often widen on looking to one side (most often when the affected eye is looking to the side away from the nose) and narrow on looking to the other side (most often when the affected eye is looking towards the nose).
- The head may be turned to one side, to help compensate for the restricted movement and help to keep the eyes working together.
- There may or may not be a squint present in the straight ahead position.
- Vision may be reduced in one eye

### What causes Duane's syndrome?

It is generally thought that the most likely cause of Duane's syndrome, is a "mis-wiring" of the nerves which control eye movement. This means that the eye muscles don't receive the correct signals to move the eyes from side to side.

Alternatively it may be caused by a problem with the eye muscles, which may be thin or tight and less elastic than usual.

### Is there any treatment for Duane's syndrome?

Most children with Duane's syndrome will be observed in the Orthoptic department for a period of time, to ensure their vision develops properly in each eye. However, the majority have no vision problems and do not need any treatment. Most people with Duane's syndrome do not have any symptoms and have comfortable vision, possibly helped by turning their head slightly to one side. Patching (amblyopia treatment) may be needed if there is weaker vision in one eye and glasses may be needed, if there is a coincidental focussing error present.

The condition remains stable (although it may not always be noticed immediately after birth) and will not get worse, but will not get better. It may be helpful to inform your child's school teacher about their eye condition, if your child needs to turn their head to compensate. This can help to keep vision comfortable by ensuring s/he is seated in the centre or to one side of the classroom.

Surgery is rarely done for Duane's syndrome unless there is a significant squint in the straight ahead position or a head posture which is causing discomfort. Your Orthoptist can advise you on this.

## Who to contact if you have any further queries?

Please telephone the orthoptic department that your child attends and ask to speak to one of the orthoptists: 0300 131 4500

## Further sources of information

[www.squintclinic.com](http://www.squintclinic.com)

[www.eyesite.nhs.uk/Home](http://www.eyesite.nhs.uk/Home)

British & Irish Orthoptic Society: [www.orthoptics.org.uk](http://www.orthoptics.org.uk)

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

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After reading this information are there any questions you would like to ask? Please list below and ask your Orthoptist.

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## Reference

The following clinicians have been consulted and agreed this patient information –

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The Clinical Unit that have agreed this patient information leaflet: Diagnostics, Anaesthetics and Surgery

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