



#### INFORMATION FOR PATIENTS

# Brown's syndrome (superior oblique tendon sheath syndrome)

This leaflet explains the signs, possible symptoms and treatment of Brown's syndrome.

#### What is it?

Brown's syndrome is an uncommon eye muscle problem where one or both eyes cannot move fully upwards when turned towards the nose. Usually, the eyes are used together in the "straight ahead" position. It is a condition present from birth (congenital) or, rarely, can be acquired later in life. Although usually present at birth, the problem is often not noted for a few years, since babies usually do not often look up and sideways

To move an eye in a particular direction, the six eye muscles work together. Some eye muscles must pull (contract) and others must relax (lengthen).

The limited eye movement in Brown's syndrome is usually due to a developmentally tight eye muscle.

Congenital cases do not change over time. They are usually due to a short, tight muscle, which produces the restriction. However, very occasionally the condition can be intermittent.

Cases which develop later in life are due to trauma or inflammation.

#### What does it look like?

The following photograph shows a right Brown's syndrome, when the patient is looking up and to his left. The right eye is unable to move upwards to the left.



## What problems occur with Brown's syndrome?

Most people with Brown's syndrome have no problems.

Children or adults with Brown's syndrome learn not to look in the direction of the restriction to avoid double vision.

Sometimes a head posture is adopted to place the affected eye away from the position where its movement is restricted to avoid double vision.

Rarely, children with Brown's syndrome may develop amblyopia (poor vision) in one eye, because they ignore the eye to avoid double vision.

How is Brown's syndrome treated? Most people with Brown's syndrome have no vision problems, and no treatment is required. They just avoid looking into the areas of restricted eye movements to avoid double vision.

The vast majority of children who attend the eye clinic with Brown's syndrome are invited for regular check ups to ensure their vision develops normally, but often no treatment is required.

The need for glasses is no greater than for any other child. However, glasses will be prescribed if necessary.

If your child has reduced vision in one eye, patching (occlusion) may be advised.

If a very abnormal head posture is present and/or, if your child cannot move the affected eye into a straight ahead position, surgery may be considered. Surgical treatment of Brown's syndrome is aimed at eliminating restriction of eye movement, but most people with Brown's syndrome do not need surgery.

#### **Contact details**

If you have any queries please ring the Orthoptic Department:

#### King's Mill Hospital

01623 622515, extension 3365 or 6655 Monday to Friday, 9am-4pm.

### **Newark Hospital**

01636 681681.

#### **Useful contacts**

www.orthoptics.org.uk

#### **Further sources of information**

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

#### **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222 Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you need this information in a different language or format, please contact the PET (as above).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email <a href="mailto:sfh-tr.patientinformation@nhs.net">sfh-tr.patientinformation@nhs.net</a> or telephone 01623 622515, extension 6927.

To be completed by the Communications office

Leaflet code: PIL3248(2)

Created: November 2015 / Revised: June 2017/

Review Date: June 2019