

especially those with true divergence excess and high AC/A ratio, requires caution.

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Comment on: Intentional overcorrection in pediatric patients with intermittent exotropia: Indicated?

Dear Editor,

We read with interest the article by Arda *et al.*^[1] We would like to make the following observations/queries.

Although most authors would agree to an early postoperative overcorrection in adult patients with intermittent exotropia, the same may not be true for pediatric patients. In contrast, most investigators believe that intentional overcorrection should be avoided in children with immature systems because of the risk of developing a suppression scotoma and an irreversible monofixation esotropia, which can lead to loss of stereopsis and amblyopia.^[2-4] The age group in this study by Arda *et al.* is 2–12 years. It is questionable whether intentional overcorrection is indicated in this age group. As the authors have not evaluated sensory outcomes and only motor surgical success rate has been evaluated, the effect of intentional overcorrection on binocularity, stereopsis and development of amblyopia is not assessed and may, therefore, be considered a major limitation of the study.

In the evaluation of postoperative deviations, no mention of deviation at near is found. Near-distance disparity may occur after bilateral lateral rectus (LR) recessions. Small overcorrections at distance may in turn produce excess overcorrections at near. This is even more important in young pediatric patients whose daily activities may be limited to near and intermediate vision. The esotropia at near may lead to amblyopia in this age group. In this regard, it is also important to highlight that the authors have excluded cases with true divergence excess and high accommodative convergence: accommodation (AC/A) ratio in whom intentional overcorrections may lead to extreme near-distance disparity with esotropia at near, which may be detrimental in pediatric patients with immature visual systems.

Thus, in our view, augmented LR recessions may be valuable in adult patients, and after evaluation for near-distance disparity; however, its use in visually immature children,

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