

# Brown's syndrome

Information for parents,  
carers and patients



This leaflet explains about an eye muscle condition called Brown's syndrome, what effect this condition has, and advice about treatment.

## What is Brown's syndrome?

Brown's syndrome is an abnormality of eye movement which can occur in one or both eyes.

The eye muscle involved is called the 'superior oblique muscle'. It is one of the six muscles which move the eye.

Brown's syndrome causes an abnormality which prevents the eye from moving upwards and inwards. This may give the appearance of a squint when looking in a certain direction. Turning the head to one side can be a way of compensating for this lack of eye movement.

## What causes Brown's syndrome?

Most commonly, people are born with Brown's syndrome. It may be caused by the superior oblique muscle being too short, too tight, unable to move fully due to a swelling on the muscle tendon, or there may be a nerve 'mis-wiring' problem.

Less commonly, this condition can develop when eye movements had previously been normal. This can happen at any time in life and may occur following an injury, swelling or inflammation in the area between the upper part of the nose and eyebrow.

## Does it affect vision?

In a child this doesn't usually affect their vision, unless there is an associated squint or need for glasses. The majority of children with Brown's syndrome develop normal, binocular (3D) vision. They may tend to raise their chin and turn/tilt their head to one side to help them to see and to compensate for the defective eye movement.

## What is the treatment?

For children born with this condition, there is often natural improvement over time, starting at around 7 years of age. Therefore no treatment is advised, unless they have an associated squint (see leaflet on childhood squint) or if there is any long sight, short sight or astigmatism which needs correction with glasses (see leaflet on children's glasses).

For adults, treatment depends upon the cause. A Fresnel prism (small attachment to the lens of glasses) may be used if double vision is a problem when looking straight ahead. Surgery is very rarely needed.

## Is there any other help?

A child with Brown's syndrome may change the way they hold their head to help them to use their eyes together more easily. You should allow your child to do this and not try to correct it.

The teachers at school should also be advised that your child has difficulty looking upwards and that they turn or tilt their head to make it easier to see things comfortably. You might want to ask if they can change the position where your child sits in class to help with how much they have to move their head; the Orthoptist can advise further about this.

Should you need more information or have any questions, please speak to the Orthoptist or Ophthalmologist at your next visit to clinic.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **[PALSJR@ouh.nhs.uk](mailto:PALSJR@ouh.nhs.uk)**

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