



Oxford University Hospitals
NHS Foundation Trust

Brown's syndrome

**Information for parents,
carers and patients**



**Orthoptic Department,
Oxford Eye Hospital**

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 or tilting 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. If acquired in adulthood, the individual may develop double vision and may also have to compensate by turning/tilting their head, but their ability to see will not be affected.

What is the treatment?

For children born with this condition, there is often natural improvement over time and it becomes less of a problem as the child reaches adult height and has to look up less frequently. 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). Surgery is very rarely needed, but may be considered if the corrective head turn/tilt is large or causing neck problems.

When an adult, if the condition has not resolved, the individual may still have difficulties when looking up. This may cause double vision when riding a racing bike or motorbike or when playing snooker for example.

For adults who acquire this condition 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 and surgery may be considered if the corrective head turn/tilt is causing issues.

Is there any other help?

If your child changes the way they hold their head to help them to use their eyes together more easily you should allow them 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.

How to contact us

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

Tel: **01865 234 567**

and listen for the option for the Orthoptic Department
(8.30am to 4.30pm, Monday to Friday)

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

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Author: Claire MacIntosh, Orthoptist

Head of Orthoptics: Jacqui Greenhalgh

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