“A” AND “V” PHENOMENA—continued

“V” Phenomenon

This condition appears as a relative divergence in elevation and a relative convergence in depression, as compared with the ocular deviation in the primary position.

The “V” phenomenon with a convergent deviation is considered to be the result of a relative underaction of the superior oblique muscles. When the eyes are depressed, the position of maximum action of the superior obliques, their weakness is manifest by loss of secondary abducting power and the eyes thus become more convergent. Added to this may be the increased adducting power of the inferior rectus muscles in this position (Fig. 1).

FIG. 1.—A, “V” phenomenon with convergent deviation as presented by superior oblique palsy and confirmed on the Hess chart (B).

General Reference

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"V" Phenomenon

The "V" phenomenon with a divergent deviation is usually thought to result from a relative weakness of the superior rectus muscles. This is seen as weak adducting power of the superior recti on elevation and the consequent increased abducting power of the inferior oblique muscles (Fig. 2).

FIG. 2.—A, Superior rectus palsy presenting as "V" phenomenon and associated divergent deviation. B, Photographs and confirmatory Hess chart.

Treatment

If the condition is minimal surgery may be indicated only for the horizontal deviation, or treatment may not be required. In more marked cases surgery may be required to the vertical muscles to overcome the imbalance, as well as to the horizontal muscles. No one surgical procedure is curative, and as a result many ingenious operations have been devised for these conditions.

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