



# SUPERIOR OBLIQUE PARESIS



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**TABLE 9-3. Primary Inferior Oblique Overaction Versus Superior Oblique Paresis.**

<i>Clinical sign</i>	<i>Primary overaction</i>	<i>Superior oblique paresis</i>
Inferior oblique overaction	Yes	Yes
V-pattern	Yes, Y-pattern	Yes, "arrow" pattern
Head tilt test	Negative	Positive
Subjective torsion	No	Yes (except in congenital superior oblique paresis)
Objective extorsion (fundus examination)	Yes	Yes
Underaction of ipsilateral superior oblique muscle	No (minimal if any)	Yes

**TABLE 9-2. Unilateral Versus Bilateral Superior Oblique Paresis.**

<i>Clinical sign</i>	<i>Unilateral</i>	<i>Bilateral</i>
Superior oblique underaction	Ipsilateral underaction	Bilateral underaction
Inferior oblique overaction	Ipsilateral overaction	Bilateral overaction
V-pattern	Less than 10 PD	Greater than 10 PD with arrow pattern (convergence in downgaze)
Hypertropia	Greater than 5 PD	Less than 5 PD (except asymmetrical paresis)
Head tilt test	Increasing hyper on ipsilateral head tilt (Rt SOP = RH tilt right)	Positive head tilt to both sides (RHT on right tilt and LHT on left tilt)
Extorsion	Less than 10°	Greater than 10°