What is squint?
Squint is a deviation of the eyes. Instead of both eyes looking straight (figure 1), the eyes look at different directions. The abnormal or deviating eye can turn inwards, outwards, upwards or downwards, etc. Convergent squint or crossed eye, with the eye turning inwards, is one of the most common forms of squint (figure 2).

What causes squint?
Squint can be caused by congenital conditions, diseases or injuries affecting the brain, cranial nerves, eyes or eye muscles. Children or infants who have a significant degree of farsightedness (hyperopia) may develop squint.

How is squint related to poor vision?
Development of visual function requires the two eyes looking at the same direction. If squint is not treated timely, the development of the eye and the visual system of brain will be affected resulting in poor vision. The affected eye may become amblyopic or a lazy eye. Therefore, consult your doctor, optometrist or ophthalmologist early if you suspect your child has squint.

What is pseudosquint?
Pseudosquint is a false appearance of squint but in fact the eyes are straight and normal (figure 3). This problem is more commonly observed in infants and young children with their eye(s) appearing turning inward or crossed.

Why infants have a false appearance of crossed eyes more often than others?
Infants and young children more often have a wide, flat nasal bridge, or have a broad skin fold that runs down on both sides of nose. As a result, the inner part of the sclera (white part of the eye) is covered by the skin fold leading to a false appearance of a crossed eye (figure 4).
**Does pseudosquint affect vision?**

No. Pseudosquint alone does not affect development of vision.

**Will pseudosquint become a true squint?**

No. Pseudosquint alone will not develop into a true squint. However, parents should keep a close watch, because squint may occur later on due to other causes or diseases that affect the child.

**Does pseudosquint need any treatment?**

Pseudosquint does not require treatment. As the child grows up, the wide nasal bridge tends to narrow and the false appearance gradually improves with time (figure 5 & 6).

![Figure 5. The wide nasal bridge narrows as the child grows up (indicated by the arrows)](image)

![Figure 6. Pseudosquint improves when the child grows up](image)

**My doctor told me my baby has pseudosquint. What should I do?**

You should observe your child’s eye from time to time because she has the equal chance as other children in developing other squint or eye problems later on.

**Consult your doctor, optometrist or ophthalmologist for medical advice if your child has any of the following condition(s):**

1. The child’s eye looks strange persistently on the photos or from day-to-day observation
2. The two eyes do not appear moving together
3. Closing or covering one eye when watching television or reading
4. Tilting the head when looking at objects
5. Squeezing eyes, squinting, rubbing eyes, blinking more than usual
6. Complaints of blurred vision
7. Watery eyes
8. Other eye problems