18th International Conference of the
Research Institute of Ophthalmology

RIO 2026

22 -23 JANUARY 2026
ROYAL MAXIM PALACE KEMPINSKI, CAIRO

Management of nystagmus in children

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Management - of nystagmus in children

1
Diagnosis

2
Reviews

3
Treatments

Improve the lives of children with nystagmus

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Why is PROPER diagnosis important?

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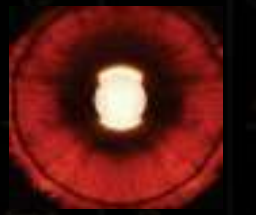
What do we need to know for diagnosis?

- Is it nystagmus?
- Previous medical history?
- Other neurology?
- Squint?
- Milestones?
- Medications?
- When did it start?
- Is it constant?
- Bilateral and symmetrical?
- Head movement?
- Periodicity?
- Family history?

- MLN features?
- Intensity?
- Foveal morphology?
- Vision?
- Photophobia?
- Refraction?
- Direction of fast phase?
- Convergence dampening?
- Oscillopsia?
- ERG and VEP?





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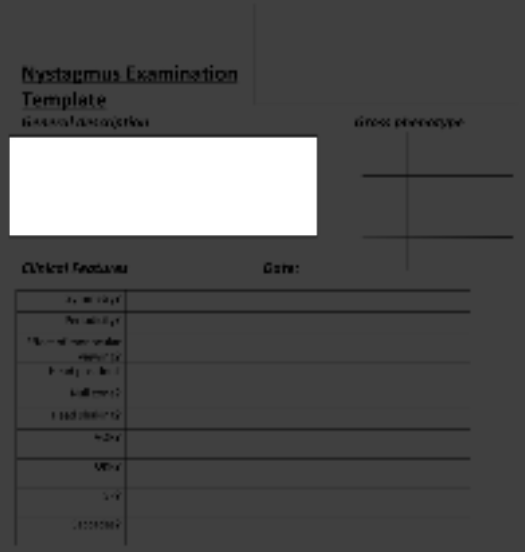
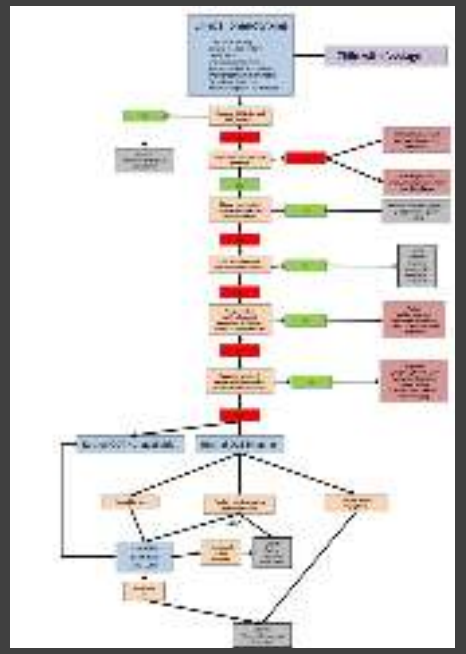
RED and GREEN flag signs

RED flag	GREEN flag
Acute onset after 6 months of age	
	Minimal or no oscillopsia
Non-horizontal nystagmus	
Difference in nystagmus intensity between the two eyes	
	Beats in the direction of gaze horizontally
	Only seen in extreme gaze positions
	Other ocular findings including congenital cataract, strabismus etc.
No slow component to eye movements and therefore not	


Nystagmus Examination Template

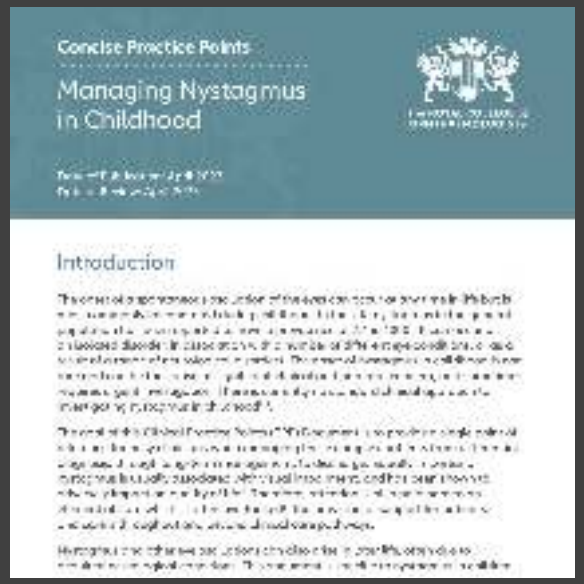
Clinical Features

Gaze:



NUKE

NYSTAGMUS UK EYE RESEARCH GROUP


Concise Practice Points

Managing Nystagmus in Childhood

Introduction

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Reviews

- Typically, until 8yr old
- BUT….diagnosis is **KEY**

Nystagmus Network

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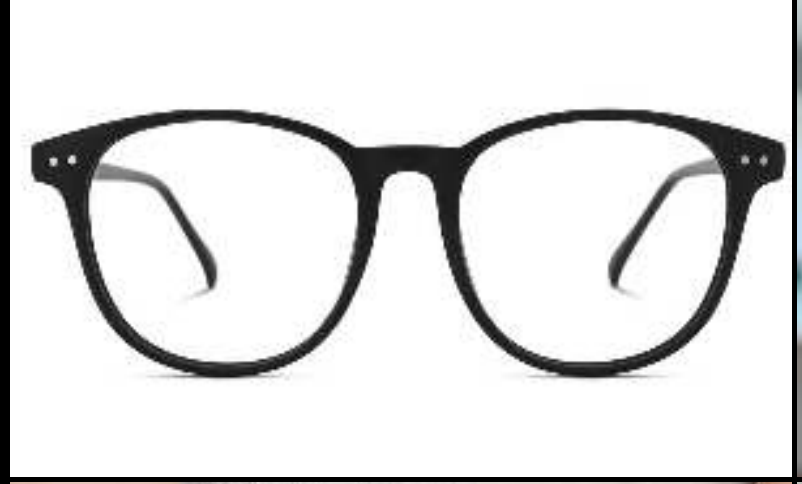
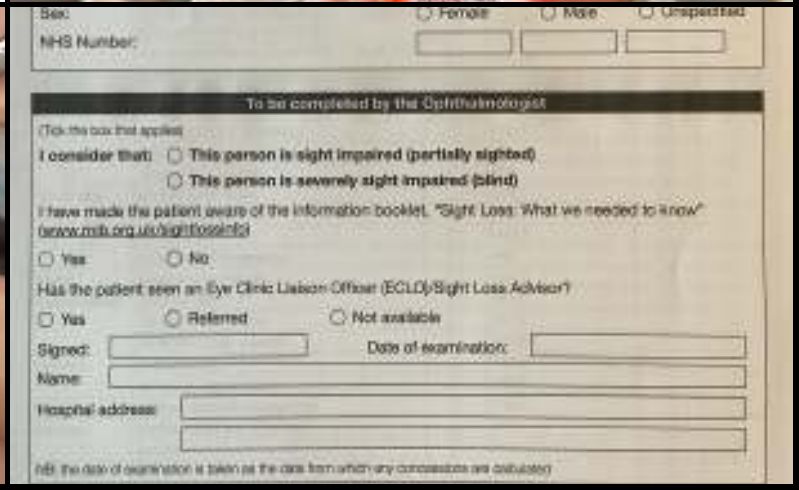
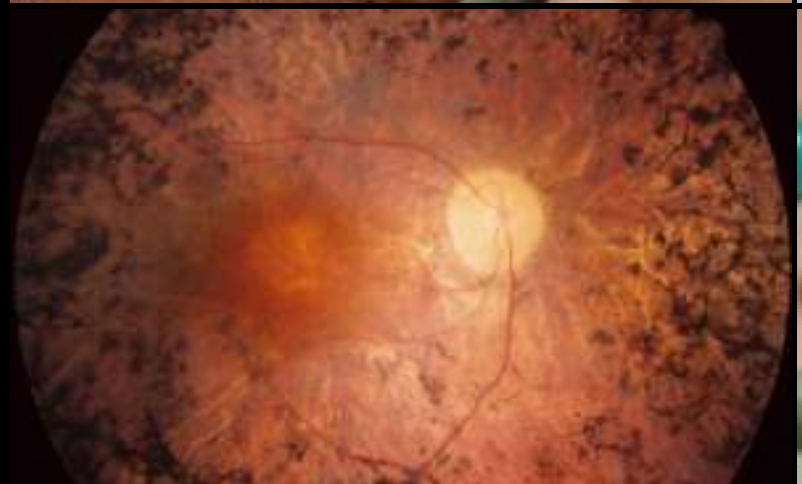
Treatments




Sex:
Female
Male
Unspecified
NHS Number:
To be completed by the Ophthalmologist
(Tick the box that applies)
I consider that:
This person is sight impaired (partially sighted)
This person is severely sight impaired (blind)
I have made the patient aware of the information booklet, "Sight Loss: What we needed to know"
(www.rnib.org.uk/sightlossinfo)
Yes
No
Has the patient seen an Eye Clinic Liaison Officer (ECLO)/Sight Loss Adviser?
Yes
Referred
Not available
Signed:
Date of examination:
Name:
Hospital address:



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1. There are no hard rules on aetiology
2. All kids are idiopathic until you ask them the right questions and examine them properly
3. Basic questioning and examination is key
4. MRI scans are needed less than we think
5. Don’t forget the basics – (refraction, amblyopia etc.)
6. Use the document, it helps!

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