A 5-year-old girl was referred to ophthalmology care for evaluation of nystagmus. Her medical history included esophageal atresia, small bowel obstruction, mild cognitive impairment, low tone, and increased reflexes. Prenatal history was complicated by insulin-controlled gestational diabetes and polyhydramnios. Her ocular history was notable for eye movement abnormalities since birth. She had no family history of ocular disease.

On examination, her visual acuity was 20/150 OU and did not improve with correction (right eye, −1.50 [2.00] × 180; left eye, −1.00 [1.50] × 180). Pupillary responses were normal. Alternating vertical and torsional nystagmus was noted. Specifically, 1 eye was noted to rise and intort while the other would fall and extort, followed by reversal of the vertical and torsional components in the opposite eye (Video). The optic nerve and foveal reflexes were normal in both eyes. Flash visual evoked potential (VEP) demonstrated strong ipsilateral activity of the occipital lobe. Results of a previously obtained brain magnetic resonance imaging (MRI) scan were reported as normal.

What Would You Do Next?

1. Review brain MRI and order electroretinogram
2. Refer for strabismus surgery
3. Order genetic workup
4. Treat with clonazepam