

6- DD: Lid Lash Orbit Abnormalities

6.1- Lid abnormalities

- Entropion
- Ectropion
- Lid retraction
- Ptosis

6.2- Lash abnormalities





- Trichiasis
- Distichiasis
- Madarosis
- Poliosis

6.3- Orbit abnormalities

- Orbital conditions
- Types of proptosis
- Types of infections
- Types of superficial orbital swellings

6.1- Lid abnormalities

Entropion, Ectropion, Retraction & Ptosis

	
Entropion Rolling in of lid margin with lashes	Ectropion Rolling out of lower lid margin
	
Lid retraction Opening of lids (upper limbus visible)	Ptosis Droopy upper eye lid

Difference between Entropion/Ectropion & Entropion/Trichiasis

	
Entropion Rolling in of lid margin with lashes	Ectropion Rolling out of lid margin with lashes
	
Entropion Rolling in of lid margin with lashes	Trichiasis Misdirected one or more eye lashes

Ptosis types



Involuntal ptosis
Age related ptosis



Neurogenic ptosis
Ptosis because of paralysis



Mechanical Ptosis
Ptosis because of increased weight



Muscular Ptosis
Trauma or weakness of levator

Ptosis

- **Congenital:** Maldevelopment of levator muscle
- **Acquired**
 - **Involuntal / Aponeurotic-** Age related weakness/disinsertion of levator
 - **Neurogenic / Paralytic-** Due to 3rd nerve paralysis
 - **Mechanical-** Increased weight of lid because of edema/tumor
 - **Muscular-** Trauma or weakness (Myasthenia, Muscle dystrophy) of levator

Management

- **Medical:** Treatment of underlying disease like myasthenia or treating edema
- **Surgical treatment:**
 - Treatment of tumorcausing ptosis or infection causing edema
 - Mild 1-2 mm ptosis: Fasanella-servat procedure
 - Moderate to severe 3-4mm ptosis with good levator function: Levator resection OR Levator reinsertion
 - Moderate to severe with poor levator function: Brow suspension (Sling)

6.2- Lash abnormalities

Lash abnormalities



Madarosis
Loss of eye lashes



Poliosis
White eye lashes



Distichiasis
Metaplasia of meibomian glands
into hair follicles



Trichiasis
Misdirected single or multiple lashes

6.3- Orbit abnormalities

Orbital conditions



Proptosis / Exophthalmos
Protrusion of eye ball



Infectious swellings
Infectious swellings of orbits and/or lid



Orbit swellings
Cysts, lacrimal swellings



Lid retraction
Opening of lids (upper limbus visible)

Proptosis types



Proptosis / Exophthalmos
Any pathology causing protrusion of eye ball



Thyroid Ophthalmopathy
Proptosis because of thyroid eye disease



Proptosis axial
Thyroid causing axial protrusion of eye ball



Proptosis non-axial
Cysts or tumours causing proptosis

Orbit Infections types Preseptal & Orbital cellulitis



Orbital cellulitis
Infection in front & behind orbital septum
Eye movements **limited** as orbit involved



Preseptal cellulitis
Infection mainly in front of orbital septum
Eye movements **normal** as orbit not involved

Superficial orbital swellings: Types



Dermoid
Supero-temporal & supero-nasal



Dacryocystitis
Infero-nasal swelling



Lacrimal gland swelling
Supero-temporal swelling



Superficial orbit tumour
Could be anywhere

History taking: lid, lash & orbit

In lid conditions ask for symptoms like watering and irritation.

Entropion cause irritation and red eye while ectropion causes watering.

Ptosis is usually asymptomatic in beginning and presents as cosmetic problem. Severe ptosis can cover visual axis and cause decrease vision.

For orbital conditions ask for general symptoms of hyperthyroidism, pain and fever.

Proptosis because of hyperthyroidism is associated with sweating and intolerance to heat.

Infectious swellings of orbit like preseptal cellulitis and cellulitis are associated with pain and fever and are ophthalmic emergencies.

OPD case and possible MCQs

Q1- A 67 year man is complaining of severe irritation and watering in his eye. On examination lower lid margin is turned in with lashes touching cornea. What is diagnosis?

Explanation and answer: Turning in of lid margins is called entropion. Treatment is surgery.

Q2- A 69 year woman is complaining of watery eye for last one year. On examination lower lid margin is turned out. What is your diagnosis?

Explanation and answer: Turning out of lid margin is called ectropion. Treatment is surgery.

Q3- A 75 year man attended outpatients with droopy lid for last 2 years but now obstructing vision. There are no other symptoms. On examination upper lid margin has come down to cover more than half of cornea. Vision, anterior and posterior segments are normal. What is diagnosis?

Ptosis

- Congenital: Maldevelopment of levator muscle
- Acquired
 - Involuntional / Aponeurotic- Age related weakness/disinsertion of levator
 - Neurogenic / Paralytic- Due to 3rd nerve paralysis
 - Mechanical- Increased weight of lid because of edema/tumor
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Explanation and answer: Droopy lid is called ptosis. Long history is because it is degenerative cause. As there are no associated symptoms or signs so this is **involuntional ptosis**.

Q4- A 73 year man is complaining of sudden closure of right eye lid for last one day. On examination there is limitation of eye movements. What is your diagnosis?

Explanation and answer: Third cranial nerve supplies most eye muscle along with levator muscle. Sudden onset is third nerve palsy causing neurogenic ptosis.

Q5- A woman is complaining of intermittent droopy lids which are more severe in evening. She finds it difficult to comb hair and gets tiered very quickly. What could be diagnosis?

Explanation and answer: Intermittent droopy lid is because of muscle disease where muscle get fatigued and cause droopy lids. Myasthenia gravis is a well known muscle disease causing such pattern so it is **myogenic o muscular ptosis**.

Q6- An infant is brought to clinic with droopy right upper lid. There is no refractive error with normal anterior and posterior segments and normal ocular movement. What is your diagnosis?

Explanation and answer: Droopy lid is ptosis. Usually, such ptosis is due to maldevelopment of levator muscle. This is **congenital ptosis**.

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