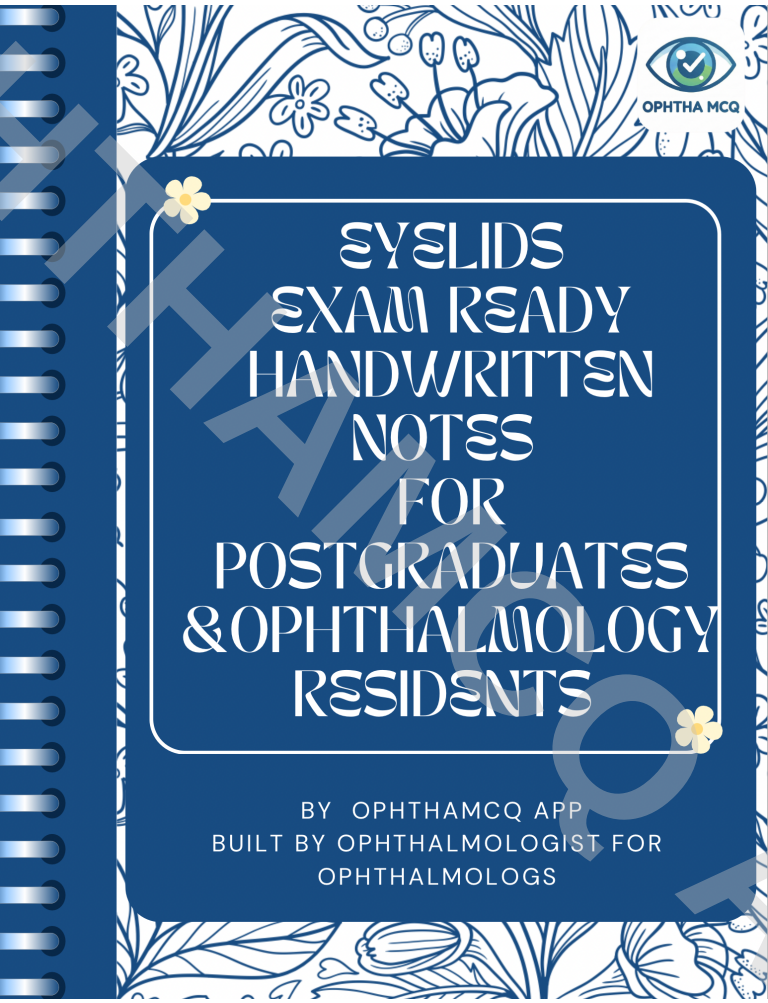

OPHTHA MCQ
EYELIDS
EXAM READY
HANDWRITTEN
NOTES
FOR
POSTGRADUATES
& OPHTHALMOLOGY
RESIDENTS
BY OPHTHAMCQ APP
BUILT BY OPHTHALMOLOGIST FOR
OPHTHALMOLOGS

INDEX

ENTROPION

- It is the inward rotation of eyelid margin
  - Intermittent or permanent
  - Presents earlier than ectropion as it is more symptomatic.

→ C/F:

- Foreign body sensation
- Lacrimation
- Corneal epidefect

→ Signs of lower lid laxity

- Higher lower lid resting position in 1° gaze
- Lack of downward movement of lower lid on down gaze
- Subconjunctival white band in inferior fornix (edge of detached retractors)
- ↑ depth of inferior fornix
- Snapback test (for tone of orbicularis oculi)
- Pull middle LL fully, release:

Grade 0 : < 2sec
1 : 2-3 sec
2 : 4-5 sec
3 : >5 sec/on blinking
4 : Does not return to normal

→ Grading:

Grade 1 - only posterior margin turned inwards
Grade 2 - Intermarginal strip turned inwards

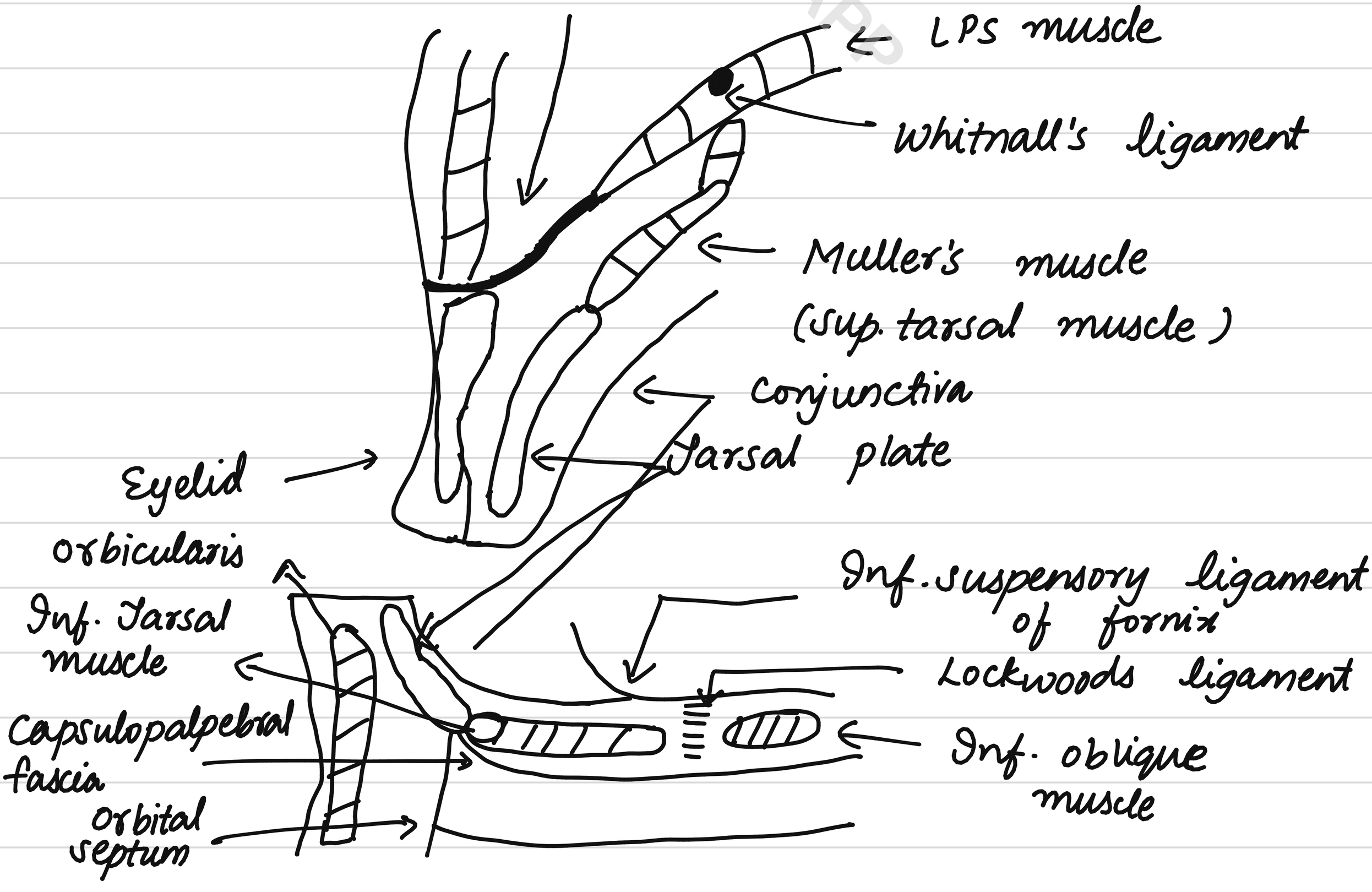
Grade 3 : Entire lid margin turned inwards.

→ Types:

(i) Involutional - Age related (m/c)
(ii) congenital
(iii) Spastic
(iv) Cicatricial
(v) Marginal

→ Lid Retractors

- Upper lid
  - LPS muscle
  - Muller's muscle (superior tarsal muscle)
  - Palpebral fascia
- Tarsal muscle



	Involutional	Congenital	Spastic	Cicatricial	Marginal
Etiopatho	• Horeonatal lid laxity • Vertical lid instability • Overriding of preseptal over pretarsal orbicularis oculi during lid closure. • Orbital septum laxity	• Disinsertion of lower lid retractors • Vertical insufficiency of posterior lamellae • Kinking of tarsal plate • Associated with: - Facial nerve palsy in children.	• Spasm of orbicularis oculi in presence of predisposing factors :· - Surgery - Irritation - Infection • Associated with: - Trauma surgery - Cataract surgery	• Scarring & Shortening of post. lamellae :· - chemical burns - Cicatricial Pemphigoid - Recurrent Blepharitis - SJS - Surgery - Trauma - Trachoma	• Rolling of posterior angle of lid margin • Anterior displacement of mucocutaneous junction • Associated with: - Trichiasis - MGD - Blepharitis
Typical Age group	Elderly	• Infants • Children	• Adults	• Any	• Adults

C/F	• Rounding of lid margin • Worsens on forceful closure	• Present from birth	• Sudden onset with lid spasm, usually after surgery.	• Lid margin pulled inwards ∵ Fibrosis • Conjunctival scarring.	• Mild entropion • Trichiasis • Rolled in posterior margin.
Mx	a. Non Invasive procedures 1. Taping lower lid to molar eminence 2. Liquid bandage; cyanoacrylate glue to evert lid margin. 3. Botox to preseptal orbicularis 4. CO_2 skin laser resurfacing	a. Non Invasive 1. Lubrication 2. Lower lid taping 3. Botox b. Surgical 1. Retractor reinsertion 2. Excision of excess skin/muscle 3. Structural repair surgery	a. Treat the cause b. Non invasive 1. Botox 2. 80% Alcohol injection to orbicularis 3. Full thickness lid sutures	a. Treat the cause • Trachoma • SJS • Blepharitis b. Surgery - Mild 1. Skin resection 2. Lash follicle excision 3. Lash root Cryotherapy	a. Non Invasive 1. Lubrication 2. Lid hygiene 3. Topical anti inflammatory - Steroids - Cyclosporine 4. Botox b. Surgical • Lamellae procedures

cicatricial (cont..)

- Moderate

1. Tarsal fracture surgery
2. Transverse blepharotomy with marginal rotation (weis procedure)

- Severe

1. Posterior lamella lengthening
2. Grafts
   - Hard palate
   - Mucous membrane
   - Tarso conjunctival
   - AMG

- Lamellar procedures

1. Anterior lamellar Recession
2. Anterior lamellar Repositioning
3. Diab & Allen 5 step procedure.

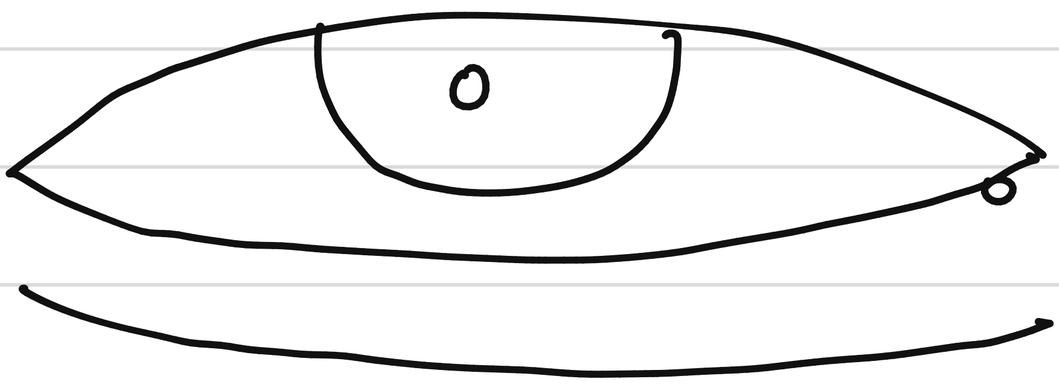
→ Surgical Management of Entropion

(i) Involutional Entropion

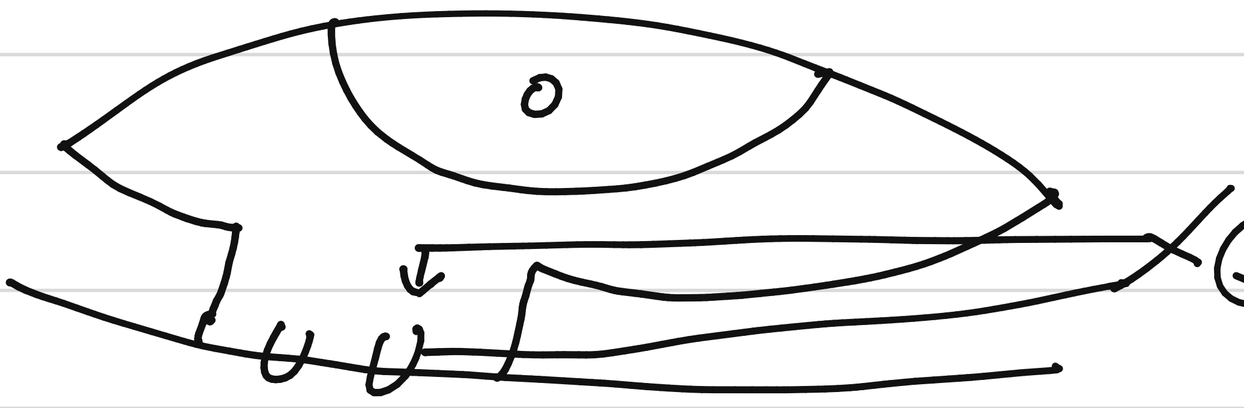
1. Quickest Procedure

• Procedure :

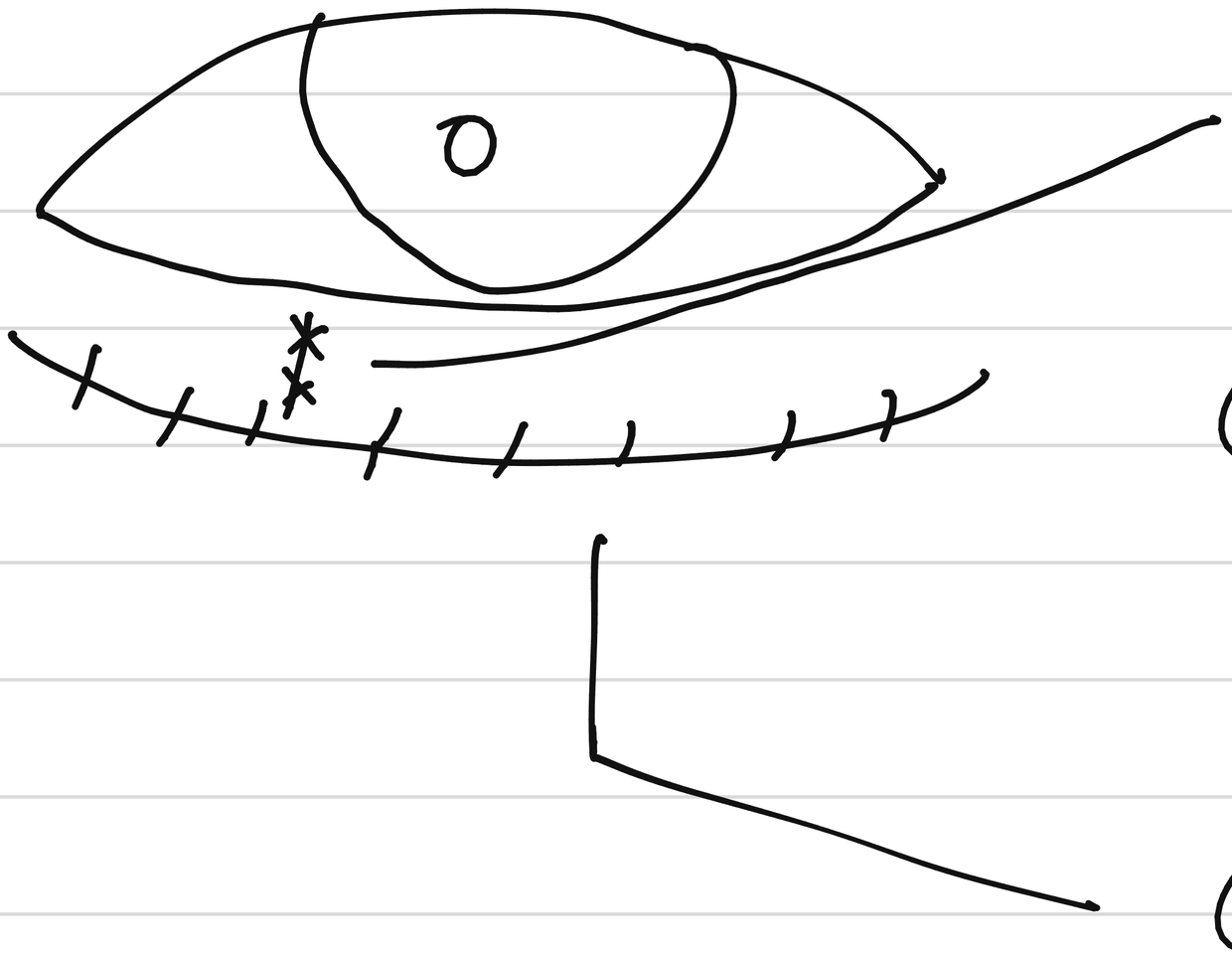
- Weis procedure + Lid shortening
- Transverse lid split
  • prevents upward movement of preseptal muscle by causing scarring
- Lid shortening
  • corrects the laxity
- Everting sutures (quickest sutures)
  • Transfers the pull ; prevents overriding of preseptal orbicularis over pretarsal orbicularis over pretarsal orbicularis.



① Transverse lid split (punctum to lateral canthus) incision



② Tissue is excised
③ Lower lid retractors are hooked with 2 sutures (quickest sutures)



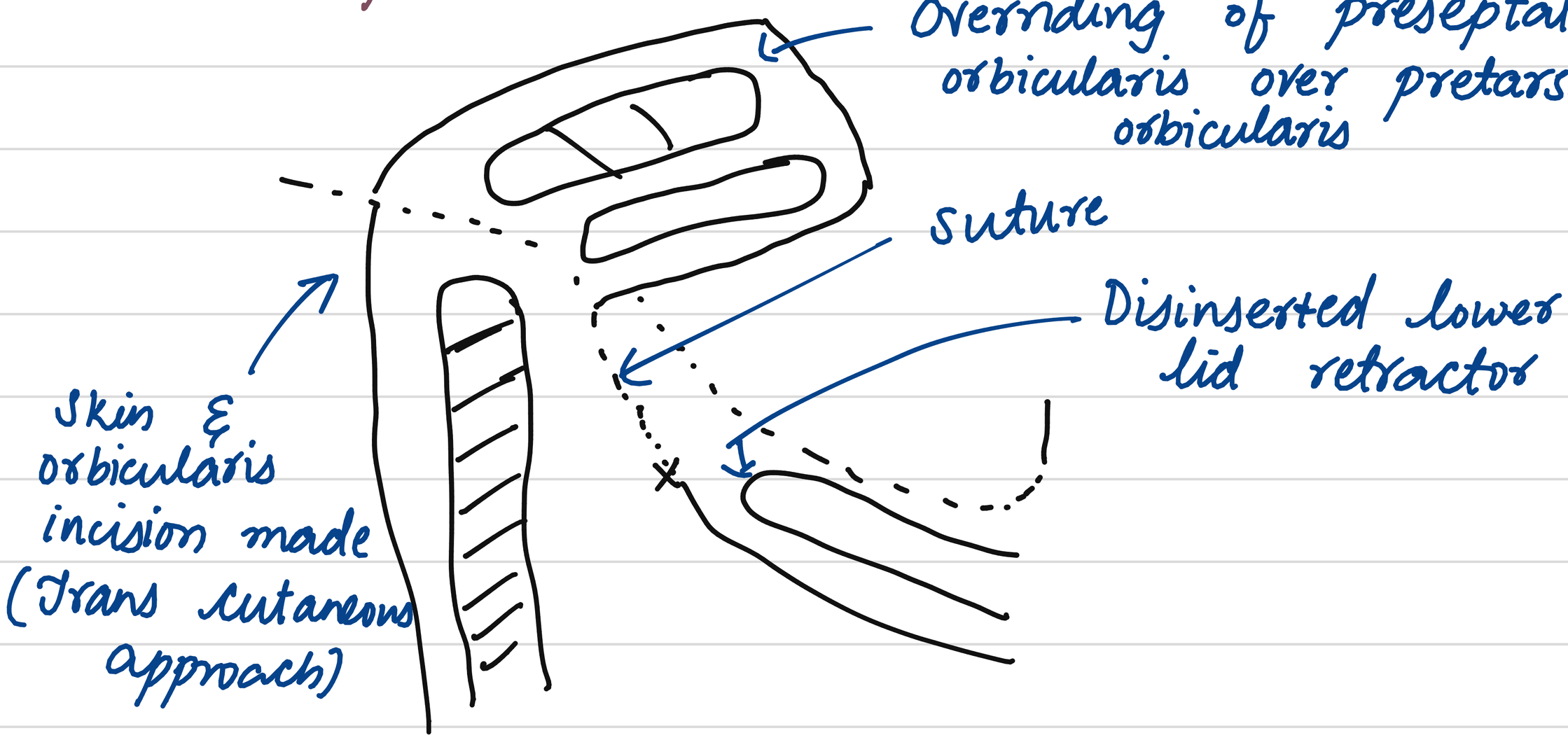
④ Lid shortening done

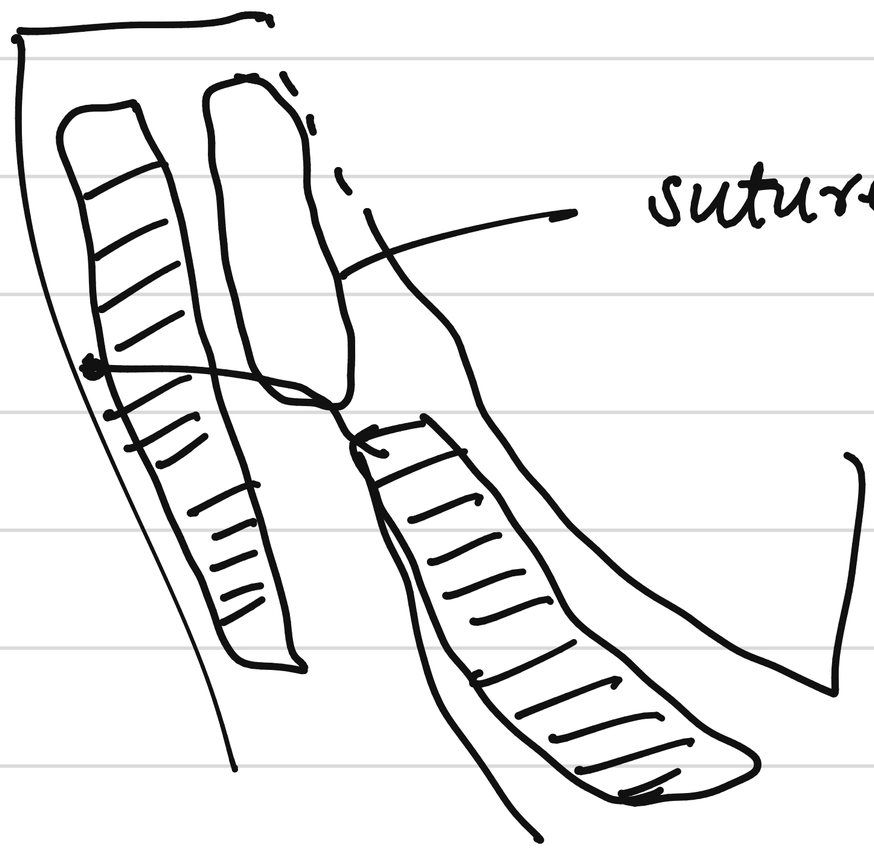
⑤ Lower lid retractors are reattached to shortened lid with Quickest sutures

⑥ Skin is closed with sutures.

2. Jones Procedure

- Procedure :
  - Transcutaneous lower lid retractor reinsertion
  - Lower lid retractors are identified often making skin incision
  - LLR's are sutured to lower end of tarsal plate.





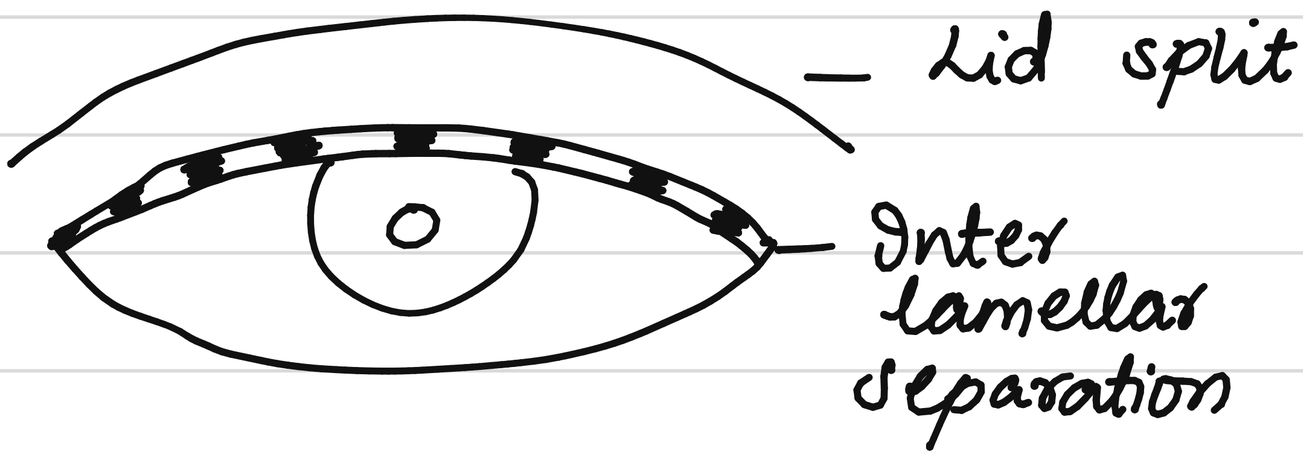
- Approach in Involutional Entropion

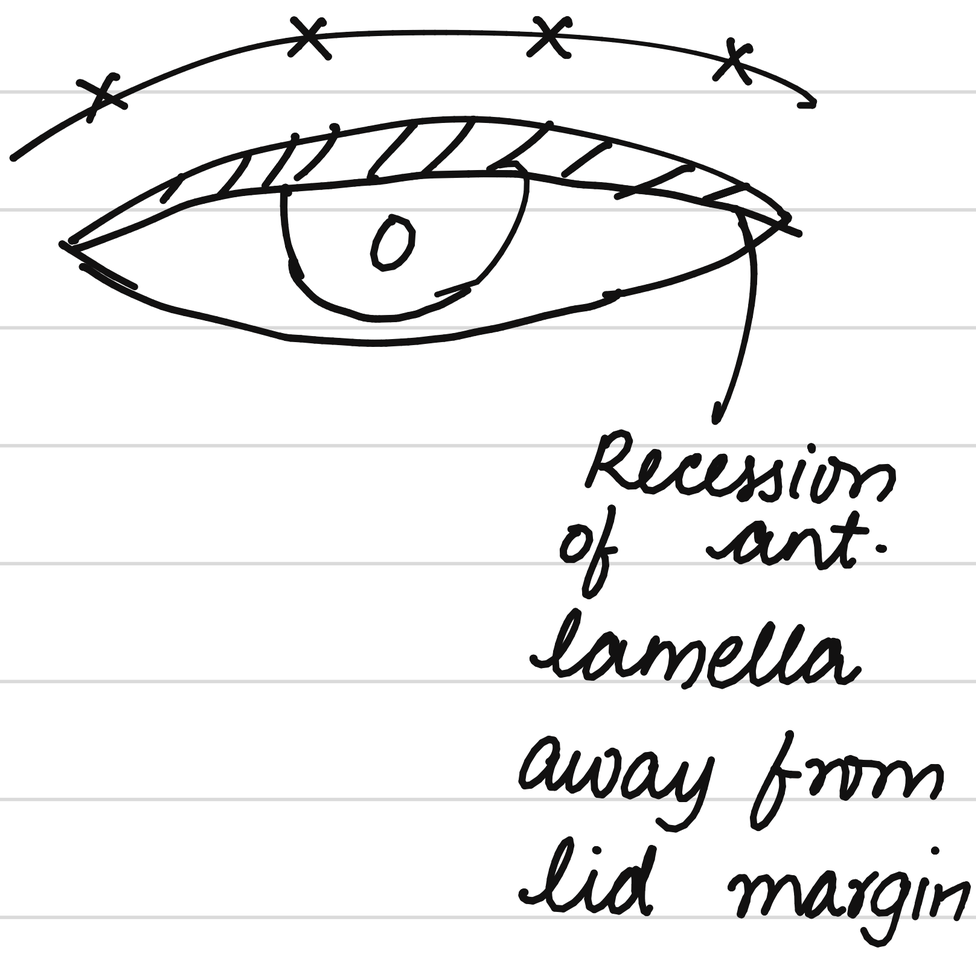
- Temporary
  - Sutures
- Permanent
  - No excess
    - Horizontal laxity
      - Weis procedure
        - Recurrence
          - Horizontal lid Shortening
  - Excess
    - horizontal laxity
      - Quickest procedure
        - Recurrence
          - Jones procedure

(ii) Cicatricial Entropion

1. Anterior lamellar Recession (ALR)

- Procedure
  - Eyelid split
  - Interlamellar (b/w ant. & post.) separation
  - Recession of anterior lamella fewer mm away from lid margin





2. Anterior lamellar Repositioning

- ALR with incomplete interlamellar separation
- Done in mild cases

3. Diab & Allen 5 step procedure

- steps:
  - upper Blepharoplasty
  - complete lid split + interlamellar separation
  - Release of upper lid retractors
  - Repositioning of anterior lamella over tarsus
  - Lid crease closure suturing with bites through the retractors.

→ Complications of Entropion surgery

1. Recurrence
2. Excessive correction → Ectropion
3. Excessive lid retraction → Scleral show
4. Fistula
5. Vascular compromise → Lid margin necrosis
6. Suture abscess.

→ DD's

1. Trichiasis
   - Misdirected eyelashes

2. Distichiasis
   - Abnormal growth of lashes from Meibomian gland orifices

3. Epiblepharon
   - Overriding of pretarsal orbicularis & skin over the lid margin to form a horizontal skin fold
   - vertically directed eyelashes
   - Common in Asians < 1 yr.
   - Usually asymptomatic
   - Mx:
     - Resolves with age
     - If indicated: Surgery to remove strip of skin & orbicularis from eyelid.